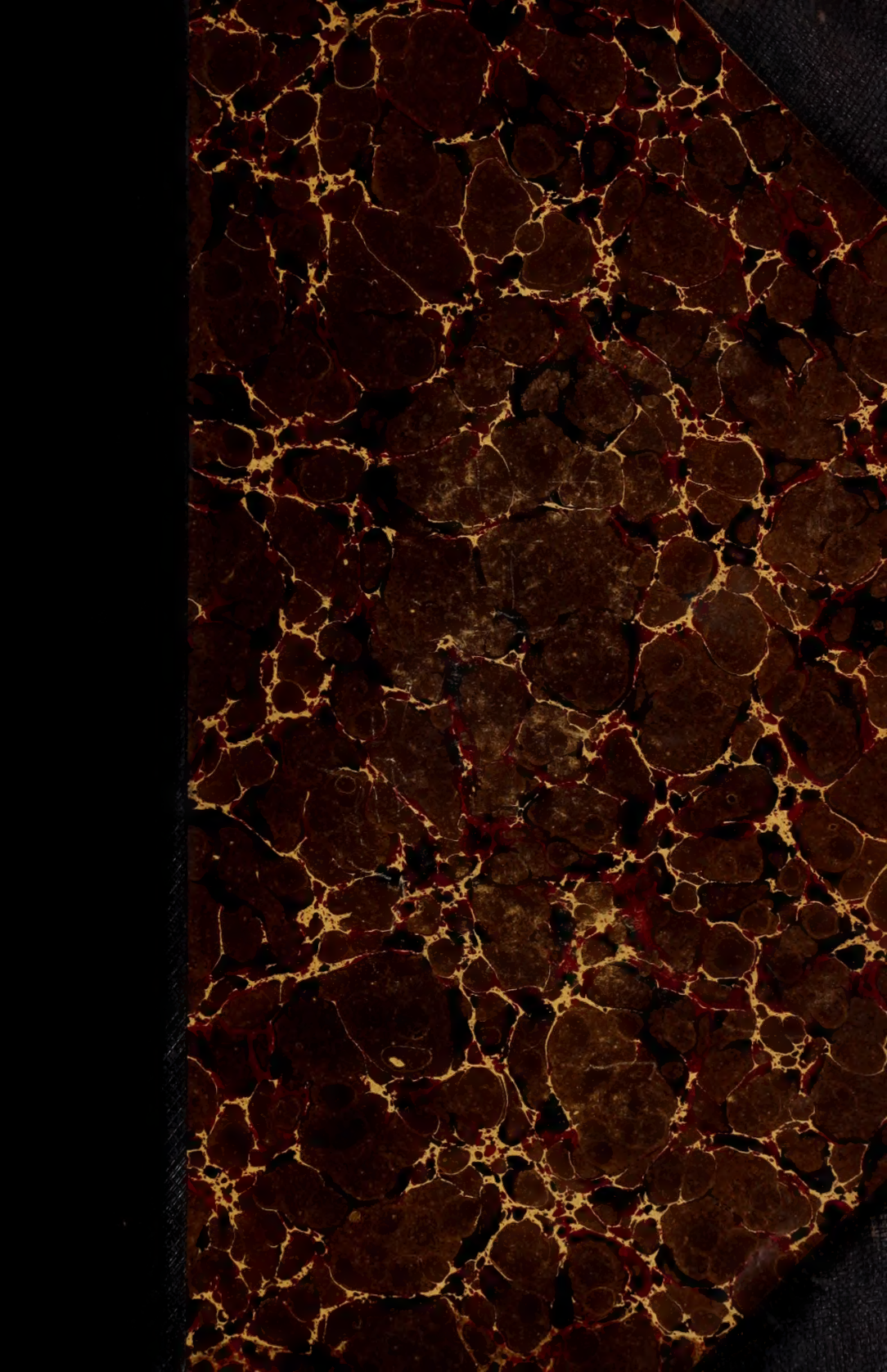




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No. 1

ORIGINAL COMMUNICATIONS.

How Often are Vesical Calculi Overlooked?¹

With report of ten cases.

By JAMES A. GARDNER, M.D.

Surgeon to Genitourinary Department, Emergency Hospital, Buffalo, N. Y.

IT is not possible to state even approximately the frequency of the presence of stone in the bladder. Nor can it be stated how often the condition is overlooked, but there can be no question that the condition is not recognised in a great many cases. According to the textbooks the symptoms are so plain and well marked that one almost wonders that it is possible to overlook or be misled in the diagnosis of a condition so clearly and distinctly defined. Pain, frequent micturition, hematuria and reflex disturbances are the most prominent symptoms. It is clear, however, that these symptoms are indications rather of cystitis than stone. I believe it is Bigelow, when asked how it happened he had so many cases of stone, who should be credited with the apt reply "I look for them."

CASE I.—H. J.—German, age 66, referred by Dr. Gould, May 3, 1901. This man had passed through the hands of four physicians, the first three treating him for cystitis and the fourth for enlarged prostate, none of whom had passed any instrument other than a catheter. He gave a history of having suffered for twenty years with pain in the back, loins and bladder. About nine weeks before I saw him the pain in the bladder and the end of the penis became worse, with inability at times to pass urine. The symptoms continued to increase. Usually he passed urine every hour or half hour, the pain being severe. He also had shooting pains through the rectum to the bladder, never remembered of having passed blood. The urine was ropy, offensive and contained pus. He consulted Dr. Gould two days previous and complained of severe pain which was almost continuous.

1. Read at the meeting of the Section on Surgery of the Buffalo Academy of Medicine, May 7, 1907.

Examination showed that the patient was weak and feeble with enlarged prostate; four ounces of residual urine and marked



Gardner: Vesical Calculi, referred to in the paper by numbers.

cystitis. Upon passing a Thompson searcher a stone was discovered of moderate size. He was operated on May 7, 1901, by perineal incision, the neck of the bladder was well stretched by

uterine dilator and a stone (No. 5) weighing 13 grms. was removed. The prostate was not removed at this time owing to the man's poor condition. A perineal tube was placed in the wound and his bladder washed every four hours for two days and three times a day thereafter. The tube was removed on the fourth day, a self retaining catheter placed in the urethra and patient placed in semi-reclining position. The bladder was then washed three times a day for a week and daily for the following three weeks. As his strength returned there was such an improvement in his bladder symptoms that the operation on the prostate was postponed indefinitely. Three months after the operation he was catheterising himself every four hours and felt so much better that he refused further operative procedure. He had gained ten pounds in weight and continued very comfortably until his death from grippe in 1905.

CASE 2.—J. E.—German, upholsterer, age 22, referred by Dr. Dorr. Patient came to the Emergency Hospital complaining of pain in bladder, a sense of soreness through the penis, and a constant desire to urinate which was unrelieved by the few drops of urine expelled from time to time. He was pale, emaciated, shaky, his eyes sunken and his lips dry and cracked. According to his own story he had been to ten doctors during the previous five years. Before coming to the Emergency Hospital he had been to one of the hospitals in the city where his case had been diagnosed as stricture and sounds were passed.

Upon examination a Thompson searcher revealed a large stone. Patient was operated upon on February 26, 1902, through superpubic incision. The bladder walls were found very much thickened and the stone (No. 3) weighing 57 grms. which was covered with sharp spiculae, was removed with difficulty. The specimen shows beautifully the formation with its nucleus of uric acid and concentric layers of phosphates. The patient made uninterrupted recovery and gained thirty pounds during the three months following the operation.

CASE 3.—H. R.—American, janitor, age 59. History showed necessity to get up every hour or two during the night to urinate and during the first couple of hours after arising in morning urinated every fifteen minutes, after which time he was able to hold urine about two hours throughout the day. This history extends over six months. Patient had enlarged prostate. Three ounces of residual urine were found in the bladder. An examination of the bladder was not made either with a cystoscope or searcher because the prostate apparently was the cause of all the trouble, with the result that the stones were not discovered until the operation. This tends to prove that too great care cannot be exercised in an examination.

Patient entered the Emergency Hospital July 8, 1903, and operation was performed the following morning. The prostate was removed by perineal incision. When I introduced my finger

into the bladder to explore it I found one stone (No. 6) in the post prostatic pouch and a second (No. 13) encysted in the anterior wall of the bladder above the urethral outlet which was easily removed. Perineal drainage was placed in the wound and the bladder washed three times daily for four days with boric acid solution when the tube was removed and the patient ordered out of bed. He returned home at the end of two weeks and has had no subsequent trouble.

CASE 4.—L. F.—German-American, clerk, age 30. First saw this patient in September, 1902, in consultation with Dr. McLaurie. He had a small caliber stricture upon which I advised an operation. Did not see him again until June 7, 1904. He gave history of gonorrhea five years previous; was operated on for stricture shortly after I saw him in 1902; complained of frequent urination ever since he had gonorrhea and of pain referred along the under surface of penis during two years, which at times was severe and again scarcely noticeable. The urine had looked dirty ever since the operation but during the last winter while he was under treatment for cystitis had cleared up somewhat, but the cystitis had returned as soon as he ceased treatment.

At the time of consultation in 1904, he complained of pain along the under surface of the penis before, during and after the act of micturition. Examination showed stricture in the pendulant portion, which was dilated sufficiently to pass a No. 16 F sound, and also one in the deep urethra which was too sensitive to admit an instrument. He was sent to bed and given urotropin grains 5 four times a day. After three days he seemed much improved and got up, but on moving about his pain and frequent micturition returned. I was able to pass a searcher at this time and had no difficulty in getting the click.

A perineal section was made June 18, 1904, and two stones (Nos. 7 and 9) removed, bladder drained for five days, washed twice a day with boric acid solution, a self retaining catheter placed in the urethra and patient permitted to get out of bed. Patient washed his bladder twice a day for the following week, at which time the wound had closed and catheter was removed. I saw him frequently during the subsequent three months while he was having sounds passed. He had no cystitis and no pain along the under surface of the penis. Saw him again in December, 1906, and his trouble had not returned.

CASE 5.—A. B.—American, age 16, consulted me October 6, 1904. Gave history of masturbation during the previous two years, frequent urination, loss of fifteen pounds during the previous year, pain over the bladder and had passed blood a few times after urination. Patient had consulted three physicians, all of whom told him that his frequent urination and passing of blood was caused by his masturbation. No instrumental examination had been made.

Examination showed small meatus and urethra and it was with difficulty that a searcher was passed. The click was heard

and a large size stone diagnosed. I did not see him for some months when he returned to my office willing to have anything done that would afford relief. Suprapubic cystotomy was performed on January 9, 1905, and found the bladder walls thickened and the mucus membrane was in soiled condition. A stone (No. 1) weighing 54 grms. was removed. The stone was covered with sharp spiculæ which must have caused a great deal of pain and easily accounted for the bleeding. The weight of the stone and irritation at the neck of the bladder evidently gave rise to the priapism. Patient has not been troubled with this condition since operation.

CASE 6.—C. J.—negro, Pullman porter, age 42, first seen March 28, 1905. He applied at Emergency Hospital for relief from retention of urine; gave history of having stricture dilated at various times during previous three years. He complained of frequent and painful urination and had passed blood occasionally but did not remember whether this followed passing of instruments.

Examination showed impassable stricture of the deep urethra. Perineal section was performed and stricture cut. Exploration of the bladder showed three small stones (No. 14). Patient made uneventful recovery and was discharged from the hospital in a week. I saw him ten months subsequent to the operation and, sounds having been passed at intervals during that period, he was in good condition and had nothing of which to complain. The question arising in this case aside from the retention, is how much of the history can be attributed to the stricture and how much to the stones?

CASE 7.—M. C.—Pole, age 8 years. Parents had noticed since child was three years old that he cried upon urination. As the symptoms became worse he was taken from one physician to another, each of whom gave medicine but without result. His parents moved to Chicago when the child was six years old, and he was in one of the hospitals there for four months being treated for cystitis. He was removed from the hospital and another physician consulted who advised a circumcision to alleviate his condition, which was done.

I saw the child July 10, 1905. He was weak, emaciated, high strung, lying in bed because he complained of great pain when he tried to walk. He could not walk erect but bent over in a crouching position. There was mucopurulent discharge from the urethra. I was unable to make a satisfactory examination at the time owing to the timidity of the child. I advised his removal to a hospital so that an x-ray picture might be procured, but to this the parents would not assent. I did not see the case again until September 24, 1905, at which time the parents were willing to have an examination under anesthetic. The child being anesthetised, the urethra and bladder irrigated, a Thompson searcher was passed and a diagnosis made of a large stone.

The bladder was opened suprapubically and the bladder walls found much thickened. The stone (No. 2) weighing 16 grms. was removed complete with some difficulty. Because of some infection caused by the cystitis the opening did not heal readily. The patient was in bed for five weeks but otherwise made good recovery and since the operation has had none of his former pain.

CASE 8.—J. S.—German, age 62. First seen February 4, 1906. Patient was weak and emaciated; had been under treatment for Bright's disease. Gave history of having to pass urine frequently both day and night; urine foul, mucopurulent, albumin present, prostate enlarged. Catheterisation showed five ounces of residual urine. Urethra and vesical neck very sensitive and an examination with searcher was unsatisfactory owing to pain caused in using the instrument. His bladder was washed daily for a week with boric acid solution but without improvement and I feared his general condition was growing worse. I advised an operation on his prostate, and believing that he could not stand its removal in one sitting decided to open the bladder suprapubically under cocaine and after drainage and irrigation get him in condition for the second operation. On February 12, his bladder was distended with boric acid solution and opened under cocaine. The walls were found much thickened and the mucus membrane congested. After washing out the bladder two small stones (Nos. 8 and 12) were discovered in the post prostatic pouch. The prostatic bar had been so sensitive that I had been unable to depress the searcher sufficiently to reach them. These were removed and the bladder drained by Dawbarn's method. It was washed out every four hours with a solution of alphasone, one to 1000. The patient suffered somewhat from shock but after five days the urine having cleared up considerably, a self retaining catheter was placed in the urethra and suprapubic drainage removed, the patient assuming a semi-reclining position. The bladder was now irrigated three times a day for another week and then twice daily. The wound did not entirely close for eight weeks. He had gained in strength, urine was clear and free from mucus; he catheterised himself every four hours and had no pain. During September his nephritis became worse and he died.

The interesting aspect of this case I think arises from the fact that even with his enlarged prostate he managed to get along fairly comfortably until the formation of the calculi, then the irritation so increased the cystitis that he began to lose ground. As soon as they were removed he picked up again, and had his kidneys been in better condition might have lived for some time.

CASE 9.—T. K.—American, age 47, consulted me July 13, 1906; gave history of having had urethral discharge and foul urine for three years; his bladder had been washed with boric acid solution by his physician and he had continued the washing which he found gave some relief but it was necessary to con-

tinued the same daily. Another physician diagnosticated enlarged prostate and advised rectal irrigation and massage.

Examination showed somewhat enlarged prostate. The urine was mucopurulent and upon microscopic examination showed number of blood cells with pus. A Thompson searcher detected small stone. A perineal section was made July 21, 1906, and a stone (No. 11) washed out. Upon inserting my finger to explore the bladder I found another (No. 10) down behind the prostate. This was sacculated and removed with some difficulty. This stone could not have been reached with a searcher or seen with an ordinary cystoscope. A retrograde cystoscope is the only instrument of which I know that could have shown it. The patient was out of bed on the fourth day and had his bladder washed daily for three weeks at which time the urine being clear treatment was discontinued. I saw the patient about three months afterwards and he reported no further trouble.

CASE 10.—The following case is reported through the courtesy of Dr. Francis Carr. I saw the case with Dr. Carr at time of operation. F. S.—German, age 6; was first seen by Dr. Carr at his office on September 2, 1904. The mother gave a history of "doctoring and doctoring for more than three years." The trouble had been diagnosed as spinal trouble. The boy's abdomen had been swollen; he had fever and pain constantly, could walk but occasionally, wet his pants and the bed.

Physical examination showed that the boy could not stand up except with great difficulty, assuming a peculiar lateral lordosis; his abdomen was greatly distended; he could not lie on his back but turned over on his side, the spine still continuing in position of lordosis. On palpatating the bladder it was found to extend two inches above umbilicus and there was continual dripping of urine. Dr. Carr attempted to pass a catheter but the child screamed and became so excited that he was sent to the Emergency Hospital where he was anesthetised the following day, a searcher passed and a large stone diagnosed. On September 4th, a suprapubic cystotomy was performed and a stone (No. 4) weighing 16 grms. was removed. The child made uninterrupted recovery.

It is claimed that the Roentgen-ray examinations give less than three per cent. of error with practically no danger. The cystoscope is the most accurate in trained hands, and for the use of a great majority of the profession who do not possess either of these instruments and are not trained in their use, there still remains an instrument, the Thompson searcher, which is very accurate in a large percentage of cases if properly used. Its cost is within the reach of all and its use may clear up an otherwise puzzling case.

In closing I wish to emphasise the advisability of full exploration in all cases of chronic irritation of the bladder. These ex-

plorations may detect the presence of a calculus which has never been suspected. No harm can result from the use of the x-ray or the careful exploration of the bladder with a clean instrument.

403 FRANKLIN STREET.

Mental Stigmata of Degeneration.

By ARTHUR MAC DONALD, Washington, D. C.

Author of *Man and Abnormal Man*,¹ and Honorary President of the Third International Congress of Criminal Anthropology, of Europe.

SOME writers seem to consider all forms of insanity as stigmata of degeneration. But in cases of acute insanity where the cause is due to accidental injury of the head or to toxic effects of disease, or to some moral shock, or excessive mental strain, it would seem questionable to apply to these, or similar cases, the term, "degenerate." Before entering, therefore, into a consideration of the mental stigmata of degeneration, it will be necessary to make reference, as briefly as possible, to classification of different forms of insanity. This is done with a view to finding the place of mental degeneration in such classification and its relation to mentally diseased states in general.

Classification of Insanity.—Most alienists group apart the simple forms of insanity known as mania and melancholia. The majority also separate the intermittent forms, as alternate and circulatory insanity and the toxic mental disorders. They isolate also the cerebropathological or organic cerebral affections.

The disagreement commences with the classification of insanity without delirium and delirium proper.

Insanity without delirium includes obsessions, pathological impulsions, and moral insanity, three states which may be considered as stigmata of degeneration.

There are of course difficulties in all classifications of insanity. If we depend upon the symptoms alone, nothing is more variable than the outward changes in the same disease, and nothing is more common than the same symptoms being manifested by different diseases.

Those who classify mental diseases according to their causes are lead to giving undue weight to insignificant and doubtful causes. For the same causes may appear to be present in diseases of different natures and on the other hand, the same disease may seem to be due to several causes.

1. *Man and Abnormal Man*, including a study of children, in connection with bills to establish laboratories under state and federal governments in the study of the criminal, pauper, and defective classes, with bibliographies. Senate Document No. 187, 58th Congress, 3d Session, 780 pages, 8". Washington, D. C.

The pathological anatomical classification would be ideal, if there were sufficient knowledge of the real causes of different forms of insanity.

Insanity may be divided into two general classes; 1 Hereditary Insanity, that is, where there is a predisposition; and 2, Accidental Insanity, that is, where mental disease is an incident in the life of the normal individual.

But here predisposition can be used only in a relative quantitative sense. For in every disease there must be some slight predisposition or tendency, some soil or spot with little or no resistance.

Accidental Causes of Insanity.—An individual can become insane from a series of moral shocks, reverse of fortune, loss of a dear friend, or from an exhausting chronic affection, or acute disease with long and painful convalescence, or from intoxications, as alcoholism or morphinism, and the like. The brain can be put in such a morbid state of weak resistance as to lose its equilibrium at the least unfavorable influence.

Relation of Insanity to Degeneracy.—But there are numbers of persons who have been subject to such conditions and who have not become insane. There must be a difference between these individuals and the others, and this difference probably is one of predisposition or tendency, no predisposition, or slight tendency to insanity. Those predisposed may be divided into: 1. The predisposed simply. 2. The predisposed with degeneracy.

The Predisposed to Insanity Simply.—These have the simple forms of insanity as mania and melancholia, without troubles of the intelligence properly speaking. All these simple forms consist in general delirium, affecting the entire understanding. According to Magnan, there is no intellectuality delirium properly speaking; there are no creations due to aberrations of reason or imagination. There are elementary disorders essentially transitory. Mania and melancholia may be placed with intermediate insanity and chronic delirium.

Those Predisposed with Degeneracy.—These have intellectual and moral personality, transformed at its basis through the progressive influence of predisposition.

Those predisposed, but without degeneracy, have a normal brain, but fragile. In these with degeneracy in addition, their mental constitution is at all times abnormal. This fundamental degenerative taint may manifest itself in anomalies of sentiment, intelligence, instincts or inclinations, or it may assume physical anomalies, the signification of which is added to the concomitant mental anomalies. All these stigmata are permanent and born with the individual, and continue until death.

Bad mental, physical, moral or social surroundings can easily develop this degenerative taint. Even physiological moments, such as puberty, menopause, menstruation and pregnancy may make degenerative taint manifest. Here attacks of delirium have no proper evolution, they take all forms and are substituted one for the other, with the greatest facility. Those with the deepest taint are candidates for dementia.

Some of these degenerates may have brilliant minds, but they are without equilibrium; they may be eccentric, bizarre, peculiar and original. They are superior degenerates.

Those with weak minds are distinguished according to degree of weakness as feeble-minded, imbeciles and idiots. The transitions between all these divisions are almost imperceptible.

*Classes of Mental Degeneration*².—There are three orders or aspects of mental degeneration:

1. States of lucid insanity, with conservation of consciousness at base of obsessions, impulsions or inhibitions.

2. Very advanced states of disequilibrium, with loss of consciousness, generally requiring subject to be confined. To these belong the most dangerous variety as insanity of persecution. Others manifest a deviation or insufficiency of moral sense, and are called morally insane.

3. States of delirium: Delirium, sudden, multiple, polymorphic, protiform rapid or sometimes of long duration, but without tendency to systematisation and progressive transformation. These are curable. All forms of delirium can be observed. To this class belong religious, erotic, hypochondric and ambitious deliriums following the predominant ideas in the individual.

Remaining Forms of Insanity Without Degeneracy.—The final forms of insanity following the degenerative forms, are states of delirium directly engendered by neurosis, as hysteria and epilepsy. These states can have a degenerative phase, which pre-exists in the neurosis itself. Sometimes the neurotic delirium co-exists with simple insanity or chronic delirium.

Divisions of Accidental Insanity.—Two large divisions of accidental insanity are (a) organic dementia and (b) toxic insanity. These can be referred to their direct causes.

Insanity from intoxications, as alcoholism, absinthism, cocaineism, morphinism, etherism, etc., manifest characteristics in common. To their acute forms may be applied the term Hallucinatory delirium.

Mental Stigmata.—The characteristic stigma of mental degeneracy is a want of harmony, a lack of balance, a disequilibrium

2. The classification of Magnan is followed in the main.

of the divisions, properties or faculties of the mind, as memory, preception, association of ideas, attention, etc., or generalisation, judgment, and the like.

The faculties of the mental degenerate are out of gear, not intact, their harmony has disappeared. One or more faculties may predominate and some may be so developed as to indicate elements of genius, or others may be absent. A degenerate may be mentally weak, or with exaggerated emotions, or impulsive or obsessed, or have simple tics and spells.

Evolution of Degeneration.—The juvenile degenerate learns to talk very slowly, the images of the words do not become well fixed in the memory. The power of synthesis is difficult to educate. There is irregularity of aptitudes and want of equilibrium.

Degenerates are very impressionable, having fears without reason, extraordinary apprehensions in certain things, unreasonable antipathies, excessive sympathies, and nocturnal terrors of every form.

There may be serious morbid motor or sensitive conditions which leave indelible traces, in connection with inflammation of the meninges, resulting in paralysis, spasms, convulsions, hemiplegia, hemichorea, symptomatic epilepsy, and the like.

From infancy to puberty, the degenerate remains somewhat the same. His mental weakness may reveal itself at school. Or if his intelligence is acute, it is unequally developed, making the child a little prodigy in some ways, but defective in other respects. *Puberty.*—In puberty sexuality is predominant. At menstruation there is moodishness, nervousness, or hysteria, obsessions or menstrual insanity. In both sexes, there is frequent onanism, a cause of exhaustion. The sexual function may be previous or sometimes neutral if not absent.

Adolescence.—In adolescence the degenerate is thrown more upon his own resources, he shows himself more than ever insufficient for life's struggle, for which he is poorly fortified and which produces in him pathological results. With a weak intelligence and lawless imagination, he may show the most foolish enthusiasm, burlesque inventions, religious exaggerations to mysticism or to asceticism. Credulous and superstitious, he submits to all suggestions and becomes a victim of contagion. Laws, morality, the most respected customs, he revolts against as a restriction of his liberty; not comprehending their purpose. He is an easy victim to alcohol, morphine, cocaine, and the like.

Degenerate Easily Exhausted.—Life's constant struggle soon exhausts the degenerate. Extreme mental fatigue results, all labor is impossible, when accompanied with pain: he has neurasthenia, a state of irritable weakness. In the most serious cases, the de-

generates become insane: mental equilibrium is broken, reason totters, conscience is obscured, chaos reigns in thoughts, sentiments and acts, revealing what may be called the maximum of disequilibrium.

Idiocy.—The lowest type of degenerate with the most rudimentary intelligence is the idiot. His sensitive centres are scarcely developed, his sensations are narrow, and perceptions almost nil. Mentally, there is an arrest of development, the mind can do nothing of itself; life is a succession of reflexes, which do not relate to the psychical centres. The idiot is an instinctive being. He defends himself like the most inferior animals, he never acquires personality, he is an automaton. The idiot of the lowest degree is apathetic and unable to express his desires by speech or motion. The idiot of a little higher grade may be excitable, mischievous, violent in temper, restless, willful and very curious. Speech is delayed or limited to simple words, incomplete sentences or short phrases.

Inferior Feeble-mindedness.—The next rank above the idiots is occupied by the inferior feeble-minded. These have more intelligence than the idiot but it is very variable and incomplete. From the idiot up to the intelligent degenerate, are a number of stages. The most inferior are very near the idiot but very different from the most superior who in turn are very near the intelligent degenerate. In the inferior feeble-minded, the elementary intellectual faculties can reach their full development. This class are still imbeciles, they have only a minimum intelligence, approaching that of the animals.

Superior Feeble-mindedness.—The superior feeble-minded person can be a brilliant individual, offering all the elusions of a weighty intelligence, but of which the insufficiency will never fail to show itself wherever the judgment formulates the conclusions. He can collect isolated facts but cannot apply or classify them. He is not greatly different from the normal child. He may be precocious, with a great capacity for remembering dates, or for arithmetical calculations, the wonder of the family.

Intelligent Degenerates.—In the intelligent degenerates, the higher faculties acquired much development, but very unequal, as the variety of bizarre adaptations of these faculties shows. This class possess the necessary mental qualities to become of importance, but they are unable to direct their thought and acts continually to an end. They cannot coordinate the powers they have. They may reason correctly, but their actions are most incoherent.

Sometimes without motive, fluctuating and undecided, they manifest obstinacy that nothing can influence. Their disequi-

librium may result from excessive development or from the richness of certain faculties. There may be strong imagination coexisting with narrow conceptions; or high morality with sincerity, and at the same time most indelicate acts. The intelligent degenerate may not be able to control and regulate his sentiments, affections and impulses. In spite of his intellectual development he can be the toy of his lowest passions and instincts. Thus the intelligent degenerate can be rightly called, bizarre, hair-brained, eccentric and original. It is clear, that such an individual without equilibrium, yet with an active mind is liable to come in conflict with established customs, if not with the law itself.

Obsessions and Impulsions.—Obsession and impulsion are perhaps the highest and most significant expression of degeneracy. They have been made morbid entities under different names as emotional delirium, insanity of doubt, mania of theft, mania of suicide, etc.

Every idea imposing itself upon consciousness, in spite of the will, thus interrupting the regular course of thoughts, is an obsession.

Every act consciously performed, but which cannot be inhibited by the will, is an impulsion.

The obsessed degenerate has no emotional equilibrium, sensations, images and perceptions impress themselves with such intensity, as to produce inhibition, characteristic of conscious obsession. The disorders of sentiment are the most complex; they may result in exaggerated altruism, or a foolish and injurious philanthropy. Or there may be an excessive egoism; or desire to satisfy some passion, dominating all other sentiments.

Pathological Obsession.—A pathological obsession is a morbid syndrome characterised by the sudden appearance of an idea, imposing itself upon consciousness in the form of paroxysms, interrupting the normal state of the mind in spite of the will, whose powerlessness is turned into intense agony and moral suffering.

As to the different forms of pathological obsession and impulsion it may be said that they are summarised in insanity of doubt, echolalia aboulia, and coprolalia.

Insanity of Doubt.—This is an obsession in the form of mental questioning. Consciousness is clear. The questions arise in the mind in spite of the will, which is agonising. When the question has received an answer, there is a momentary relief. The questions are of every kind and some are most insignificant.

In his pathological doubt, the person is constantly preoccupied with the solution of these problems; he cannot do anything else, his doubts cause him agony which renews itself in a paroxysm from the appearance of a new series of questions and doubts.

The person is perfectly conscious of his situation; he makes desperate efforts to turn his attention away from objects he declares to be foolish; but all is in vain. Every minute brings new doubts and new efforts; the person has much moral suffering at the moment of the paroxysms. This suffering is sometimes relieved by some answer, but it is only temporary, the obsession returns with more intensity than ever. This suffering has its physical signs, the forehead is covered with perspiration, the pulse increased; there are palpitations, precordial pains, a pain in the frontal region, indicating excess of attention and intellectual fatigue.

One of the forms of insanity of doubt is kleptophobia, or the fear of stealing, which may assume all the morbid characteristics of insanity of doubt.

Aboulia.—In aboulia, the degenerate feels his will-power suddenly destroyed, at the very instant it is necessary for him to carry out some determination. When ready to sign a paper to end an account, start out to walk, or in any condition important or otherwise, the degenerate finds himself suddenly hindered, the act willed is not performed, or if commenced, it is not achieved. All this time the mind is perfectly clear. No plausible reason exists apparently to explain the phenomenon. An irresistible hand seems to hold the degenerate back, so long as he struggles.

Echolalia.—Echolalia is a simple impulsion to repeat in spite of oneself, words, phrases, or last words or phrases, which one hears. There is nothing intellectual here, it is a mere echo. The image of the word awakens immediately the motor image of articulation and even at the moment the sensorium is warned, or before it can be appreciated, this image is objectified. The person not being able to prevent this, is seized with great anxiety. He is especially anxious at the thought of the necessary return of the impulsion. He flees the world, avoids all conversation and becomes mute.

Coprolalia.—Certain degenerates are sometimes obsessed with obscene words, which arise suddenly in consciousness, without being caused by any association of ideas. This is called coprolalia.

These ideas have no relation to anything, and yet thrust themselves upon the attention, interrupting the regular course of thought. It is a stranger who comes to trouble the mind. Anxiety is at its height, the degenerate knows the effect which the obscene words will produce and at the same time is conscious of his powerlessness to prevent what he feels is coming. The paroxysm approaches, perspiration is upon his brow, his face is full of agitation, his heart beats violently. Suddenly the word is forced out.

Then there is a feeling of relief and calm. No word can express the moral torture these degenerates suffer.

Delirium of Touch.—The subject is obsessed with fear of contact with certain objects; it is impossible to overcome this fear or repugnance. The effort, or struggle to do so, is agonising. A momentary victory gives satisfaction.

A form of this delirium is pyrophobia, or fear of fire, or the fear of objects that can be set on fire. The fear of setting fire to, is a form of the insanity of doubt and is accompanied with cruel agony; the idea cannot be chased away without a long struggle. The mind is clear.

Terrors of Space.—There are three forms of terror or fear (a) an obsessed and insurmountable fear of spaces called *agoraphobia*, (b) a terror of restricted or limited spaces, called *claustrophobia* and (c) a fear of known places or determined locations, designated *topophobia*, all of which are stigmata of degeneration.

Dipsomania and Sitiomania.—In dipsomania the impulsion to drink is irresistible. The struggle may be energetic, but it is useless against the temptation. The mind is clear, the suffering is extreme. There is relief when the impulsion has been satisfied.

Sitiomania is an impulsion similar to dipsomania with like symptoms in respect to food.

Pryomania and Kleptomania.—In both pyrcmania and kleptomania the impulsion is irresistible, the mind is clear; the struggle is painful, in one, to resist setting on fire, in the other, to resist stealing. In both there are physical symptoms, and satisfaction on the accomplishment of the acts.

Impulsions to Homicide and Suicide.—In homicide, the temptation to kill an innocent or indifferent person, or even a dear friend, without motive, is irresistible. The moral suffering of the degenerate is indescribable, his continued struggle terrible. The physical reaction is marked. If the act be accomplished it is followed by a feeling of relief, even though the sentiment of horror remain in consciousness.

The suicidal impulsion presents the same symptoms as that of homicide.

Arithmania and Onomatomania.—In arithmania there is an irresistible impulsion to count, which at times is so intense that the person counts automatically. In the paroxysms in the midst of the conscious effort to struggle against the impulsion, there arises intense suffering with habitual physical symptoms. Numeration alone can give relief.

Onomatomania has numerous forms. The most common is an obsessed and agonising search for certain words. The mind is

clear. The degenerate endeavors to chase away the idea, which he recognises as absurd; but the obsession repeats itself, being accompanied with extreme anxiety and physical signs. The finding of the word brings the desired relief.

Oniomania and Mania for Play.—The impulsion to buy all sorts of things is *oni mania*. This impulsion is painful, but invincible, in spite of all effort, the accomplishment of which brings relief.

Mania for play, sport, or game is a condition, where the player is pushed in spite of his resistance to play. Conscious of his condition, which he deplores, he struggles and suffers with certain defeat before him. The accomplishment of the act is accompanied with violent emotions followed by satisfaction, mingled with regrets.

Sexual Perversions, Aberrations and Anomalies.—The number of sexual morbid states included here is enormous.

With the exception of cases where the sexual perversion is moral and so ignored by the degenerate himself, all other cases show the general characteristics of obsession and impulsion.

The Modern Standard Business Honor.¹

By JEREMIAH W. JENKS, A.M., Ph.D., Ithaca, N. Y.
Professor of Political Economy and Politics at Cornell University.

AT the outset, Professor Jenks said he did not intend to play the role of a destructive critic. He said his purpose primarily was not to defend, not to condemn either men or practices; but as best he might, to understand them. He commended President Roosevelt for the emphasis he laid upon the fact "that beyond and above questions of policy and governmental control was the question of personal honesty on the part of business-men and legislators—a fact too often lost sight of in our training to create professional skill. In college athletics we train men to win, often losing sight of the fact that victory by unfair means is disgrace, not honor. But I am not to try to fix your standards; but to analyze ways in which standards are fixed, and warn you not to drift, but to think."

Continuing, Professor Jenks said, in part:

"In spite of the pessimistic tone of many of our popular writers, it is certain that, in most fields of endeavor, society is improving in its methods and in its purposes. Why not in business efforts and business aims? The fact that within the last few years so many influential business men, not only in the United States but also in other countries, have engaged in operations which have shocked the sense of justice and honor and fair deal-

1. Abstract of an address delivered to the graduated classes at the University of Buffalo, May 31, 1907.

ing, seems out of harmony with the general trend of social events. It was certainly not to be expected that men who seem entirely conscientious in all their dealings, public and private; men who have won universal respect, should suddenly in their business be found engaged in acts illegal and dishonorable.

"In explanation there seems only one alternative: Either our standard of business integrity has changed or we have found difficulty in applying our former standards to modern conditions. Doubtless within the last decade in business, there have been weak men in positions of importance who have yielded to temptation. But many acts condemned by public opinion have been committed by men who are not weak and who apparently have had no sense of guilt. No, the fact that there are weak or wicked men in business, while true, is not sufficient as an explanation.

WHY MEN ARE CROOKED.

"We are all creatures of custom; we generally drift under the inertia of habit, in thought as well as in action. In consequence, changes in social or business conditions take us unawares; we need time to readjust ourselves. Meanwhile, we do foolish things, things that seem wrong. The old ways do not fit the new surroundings. This is a social fact never to be ignored. How does this principle fit our problem? What are the new conditions of business which may affect our standards of honor?"

The speaker declared that four characteristics of modern business had an important bearing upon this problem of business honor. First, business is done on a larger scale than ever before; secondly, the modern business man does not come into personal contact with his workingmen, his customers or the consumers of his products as did his predecessor of half a century ago; thirdly, there are corporations with directors and officers acting as trustees for thousands of stockholders; and fourthly, large profits from monopolies that are legal, but sometimes economically and socially unjustifiable, are more frequent now than earlier.

THE EMPLOYER'S ALOOFNESS.

Professor Jenks then illustrated the principle of monopoly, showing that in a village or in a nation the same principle was operative. Passing to the second characteristic of modern business, the aloofness of the employer, Dr. Jenks declared that this removal from personal contact with laborer or customer "takes from business men the sense of cruelty and meanness which their acts would sometimes seem to have, if the consequences were immediate and personal. The rich man knows that he has so many hundreds of thousands of dollars invested in this or that corporation, but so long as he draws his dividends promptly, he is often content not to know more."

After detailing at some length the multifarious duties of the trustee or director of a railroad or a corporation, with the interests of many thousands of stockholders in his hands, Professor Jenks summed up that part of his argument as follows:

"But let us not be unjust. These excuses for wrongdoing are not confined to our great capitalists. It permeates our business life. We are like to magnify our offices. And we all in our business relation are very likely to employ similar methods in a small way. Look through the hundreds of columns of advertising matter in our daily press and in our magazines. Everywhere exaggeration of excellencies, concealment of defects, seldom bare, simple truth. Shall we conclude that most of us have a share in the guilt of our unscrupulous business magnates? I have been trying to see clearly the explanation of the evil practices in business life which have been so bitterly condemned. I have no excuses. I, too, condemn. But I am trying to understand. We must understand before we can intelligently seek the remedy."

WHAT IS THE CURE?

"What," asked the lecturer, "is the right standard of business honor? The aim of the state, i. e., of society organized for positive action, is to secure for its citizens not merely life, but abundant life of the highest type; economic prosperity with moral excellence. It is for us as citizens in a popular form of government to see how this can be best secured, and we must not consider only the distant ideals toward which we are pressing, but we must recognise with clear eye and patient heart the weakness of human nature and the conditions which place barriers in our pathway. Then only we must act.

"The duty, then, is imposed upon the government, upon us, of changing the conditions of business so that the ethical standards of our private life may be more promptly extended to our ever-changing business life. The state, for example, must in actual practice forbid the use of any means which are injurious to the public interest, such as the building of unsanitary factories or the employment of child labor. It must cut off the possibility of special favors to the strong; it must search out and detect dishonest practices of those whose wealth comes not from service, but from plunder and fraud, whether legal or illegal.

"Secondly, it is the duty of all of us to recognise that in business as well as in politics, the laborer is worthy of his hire. Each of us should feel that our work is primarily for the service of society; but we should also feel that when others are rendering a service to us or to society, they should receive the just reward of that service. One demand that a man whose services are actually worth \$50,000 a year shall receive only \$5,000, is as wrong eco-

nomically and morally as that a skilled laborer shall receive only a pittance to keep him from starvation.

"Thirdly, the beneficial result of honesty, good laws and good service can best be secured by publicity. This must be attained in part by the sanction of the state, in part by the education of public sentiment. The chief reason why it is necessary to have business secrets is that the buying public is not willing to give the higher profit to the man who renders the better social service."

DAWN OF REFORM.

Professor Jenks concluded with an eloquent peroration on the future standards of business and political morality as presaged by the reforms of the last few years. He said in part:

"It is easy to see that the public moral sentiment of the world is already aroused. And we have every reason to believe that we shall see an ever accelerating progress. It is right for us to find fault with our politicians and our business men. They have deserved it, but we should also find fault with ourselves. Their crimes and cruelties are no more ignoble than our petty deceit and meanness, our selfishness and our concealments, our search for bargains, our eagerness to get on. The misdeeds had to be on a grand scale to attract our attention. But now we see them and see them clearly, we shall soon see farther. Hithertofores our business standard has really been the greatest possible reward for self in return for the least service. When we once see ourselves clearly, we shall see that the fitting standard is the greatest service possible for a just reward.

"It may seem a lame and impotent conclusion that there is no legislative panacea for our business ills, that upon us as individuals largely rests the responsibility for our improvement, and that the fundamental principle is, that clear-sighted and impartial observation of facts, including human nature, is our only safe guide in social reforms; that our only methods are the commonplace ones of preventing abuses and securing justice in specified cases by legislative and judicial action and by compelling men to work in the open—not some inclusive scheme of social reorganisation."

Transmissibility and Curability of Cancer.

By WILLIAM SEAMAN BAINBRIDGE, New York.

[*Author's Abstract.*]

DR. William Seaman Bainbridge of New York City calls attention to the growing fear of cancer on the part of people of all classes. He attributes this to the theories of heredity, congenital transmission, and infectiousness or contagiousness as causal factors in the production of the disease. The fear of the con-

tagiousness of cancer has been aroused by the exploitation of the subject in the public press. After reviewing the evidence *pro* and *con* of these theories, he calls attention to the following points, adduced from the mass of conflicting evidence, which, pending the solution of the "cancer problem," will lead no one into danger: (1) That the hereditary and congenital acquirement of cancer are subjects which require much more study before any definite conclusions can be formulated concerning them. (2) That in the light of our present knowledge they hold no special element of alarm. (3) That the contagiousness or infectiousness of cancer is far from proved. (4) That evidence to support the theory of contagion or infection is so incomplete and inconclusive that the public need not concern itself with it. (5) That the public need merely be instructed to apply the same precautionary measures as should be brought to bear in the care of any ulcer or open wound. (6) That the danger of the accidental acquirement of cancer is far less than from typhoid fever, syphilis or tuberculosis. (7) That in the care of cancer cases there is much more danger to the attendant of septic infection, of blood poisoning from pus organisms, than from any possible acquirement of cancer. (8) That the communication of cancer from man to man is so rare, if it really occurs at all, that it can practically be disregarded. (9) That in cancer, as in all other disease, attention to diet, exercise, and proper hygienic surroundings, is of the utmost importance. (10) That cancer is local in its beginning. (11) That, when accessible, it may, in its incipency, be removed by radical operation so perfectly that the chances are overwhelmingly in favor of its non-recurrence. (12) That once it has advanced beyond the stage of cure, in many cases suffering may be palliated and life prolonged by radical surgical means. (13) That while other methods of treatment may, in some cases, offer hope for the cancer victim, the evidence is conclusive that surgery, for operable cases, affords the surest means of cure.

SELECTED ARTICLE.

The Scientific Use of Alcohol.

(From the *Post-Graduate*, May, 1907.)

CONSIDERABLE excitement has occurred in England on account of the following pronouncement

"In view of the statements frequently made as to present medical opinion regarding alcohol and alcoholic beverages, we, the undersigned, think it desirable to issue the following

short statement on the subject—a statement which we believe represents the opinions of the leading clinical teachers as well as the great majority of medical practitioners.

"Recognising, that, in prescribing alcohol, the requirements of the individual must be the governing rule, we are convinced of the correctness of the opinion so long and generally held, that in disease alcohol is a rapid and trustworthy restorative. In many cases it may be truly described as life-preserving, owing to its power to sustain cardiac and nervous energy, while protecting the wasting nitrogenous tissues.

"As an article of diet we hold that the universal belief of civilised mankind that the moderate use of alcoholic beverages is, for adults, usually beneficial, is amply justified.

"We deplore the evils arising from the abuse of alcoholic beverages. But it is obvious that there is nothing, however beneficial, which does not by excess become injurious," which appeared in the *Lancet* of March 30. It is signed by such men as McCall Anderson, William H. Bennett, James Crichton-Browne, W. R. Gowers, Jonathan Hutchinson and P. H. Pye-Smith, sixteen representative men in all. The correspondence that has been evoked in the *Lancet* is in the highest degree entertaining, although much of it exhibits very bad temper. But some of the most intemperate writers are the teetotalers.

The POST-GRADUATE rejoices in the bravery which has animated these distinguished British medical scientists. It is to be hoped that it will do a great deal of good in stemming the tide of prejudice against the moderate use of alcohol which constantly flows in the daily press and often in medical Journals. It is not too strong language to say that in disease, alcohol is a rapid and trustworthy restorative. It is certainly, also as said by these distinguished men, life preserving, owing to its power to sustain the energy of the heart and nervous system while protecting the wasting nitrogenous tissues.

In many parts of this country, there is no middle line between the saloon with its bar and its whiskey, and teetotalism. There are villages in the middle West particularly, where a decent citizen must perforce ally himself with the total abstainers, for it is either that or the use of whiskey as a beverage. We understand perfectly how such a condition of things makes teetotalers and crazy women run about and destroy saloons, but the belief of civilised mankind, as is stated in this document which we are reviewing, is that the moderate use of alcoholic beverages may be proper. It is proper food when taken with the meals, not for the young, but as was said years ago by George H. Lewes, "Alcohol is the milk of middle life and old age." It is a pity that the Anglo-Saxon and the Celt can only find proper stimulation in *strong* drink, which in the language of Scripture should be given to him

who is ready to perish, but not as something to gladden the heart, for which wine is commended. It is a misfortune that the habit of drinking light wine and light beer with meals, cannot take the place of bar room whiskey drinking in this great country of ours. The medical profession has perhaps something for which to answer in not having educated the community at large, a little differently from what has been their habit. With the fact staring them in the face that most of the cultivated people of this country use alcohol as a beverage, we ought to be able, through the medical profession, to indicate to them the line the crossing of which becomes abuse. The late Chancellor Howard Crosby, received the severest condemnation on many sides, because he bravely taught the true doctrine of temperance and not total abstinence. To those who attach importance to the New Testament Scriptures, Dr. Crosby became unanswerable when he used to say that our Lord turned water into wine, and good wine, and at a wedding festival.

PEACE WITH A SWORD.

It is marvelous that we can have great Peace Congresses and the great men of the Old World and the New can excite themselves in haranguing about matters over which they have no control, but which belong to the Governments that represent the various peoples, while typhoid fever can almost decimate a neighboring city and threaten our own without any excitement being caused. Certainly there is an improper estimate of the relative importance of things, when the asphalt of the streets is left so as to endanger the horses feet and the people who they transport, and the streets are so dirty as to be a source of everlasting income to Oculists and Laryngologists, with typhoid fever raging all about our suburban borders and yet no general excitement is caused, while people are gathering by thousands to theorise and quarrel as to the day when men shall learn war no more. The POST-GRADUATE is heartily in favor of police and an army to bring Peace on the Earth. The greatest Authority for Peace, Himself stated that he did not come to bring Peace, but a sword. We shall need a sword for many a year to aid Governments to maintain cleanliness, order, justice and righteousness.

TREATMENT OF TETANUS BY SPINAL ANESTHESIA.—Dr. A. E. Russell reports in the *Lancet*, Sept. 23, 1905, on the successful treatment of tetanus by spinal anesthesia. Sixteen cc. of cerebral fluid were withdrawn and 3 cc. of the following solution injected: 1½ grains of beta-eucaine, 1-3 grain of morphin sulphate and 3 grains of sodium chlorid, with sufficient water to make 3½ ozs. This procedure was repeated four times. *Journal of the Amer. Med. Asso.*

PROGRESS IN MEDICAL SCIENCE.

The Therapy of Sciatica.

By E. S. McKEE M.D., Cincinnati, O.

COMPRESSES AND SCOTTISH DOUCHES.

DR. ERNST SOMMER, of Winterthur (*Wurtzburger Abhandlung ad. gesammten gebed pract. med. vi. 4*) The principal role of treatment reported was that played by compresses, Scottish douches, complete baths with movements, warm packs, massage. The author places the percentage of cures at from 80 to 90. The remarkable results attained by the treatment in the Brieger hydropathic institute in Berlin were described in particular. The work of the author demonstrated what we know about cause, treatment, and cure of sciatica.

INJECTION TREATMENT OF SCIATICA.

LANGE (*Muenchner Med. Wochenschrift*), after trying in vain various medical and surgical means for relief in sciatica, finally found complete cure in five cases by the injection treatment. He injected a solution of B-eucaine, in the region of the sciatic notch, dissolved in 8 per cent. salt solution. When a large weal appeared under the skin, the needle was pushed down until a jerking showed that a nerve had been touched. Then 70 to 100 cc. were rapidly injected. Mild local pain lasted for two or three days. In three of his cases a second injection was required for complete cure. Functional and complete relief was almost instantaneous and quite permanent in all cases.

CAUTERY AND GALVANIC TREATMENT—EXPLORATORY INCISION.

LISZNSKY (*Med. Record*) calls attention to the fact that superficial linear cauterisation with the Paquelin cautery along the course of the nerve trunk and over the sacral region is often remarkably efficacious in relieving the pain. The continuous galvanic current has also proven serviceable in the author's hands at the end of the first week. Mild cases may be treated by application of massage, hot cloths and rectal irrigation. Most of the acute cases under proper treatment recover promptly but with the probability of recurrence. Systematic preventive measures should be kept up for some months. Change of occupation is often necessary from the sedentary to the active. The sedentary individual should sit on a soft cushion or an air cushion to protect the nerve from pressure and injury. Those whose vocation necessitates violent muscular exercise of the extremities find the rest cure essential in many cases. Hydrotherapy, judiciously administered, should never be omitted. It has many cures to its credit. The wet pack applied at night is a very excellent means for relieving

the pain as well as for influencing favorably the neurotic process. For this purpose we make use of the leg of a heavy pair of drawers which is dipped in water at 65 degrees F. and placed in position like a stocking. A roller bandage is then applied so that the leg can be kept in perspiration all night. This is removed in the morning and followed by a warm water ablution and massage. Ten or twelve packs result in much improvement. A certain percentage of patients prove unamenable to treatment when afflicted with the chronic form. This is usually due to their inability to pursue a persistent or systematic plan of treatment, or the physician, or more probably physicians who have had the case in charge, have not sufficiently studied the case. In long standing and permanent cases the author is in favor of exploratory incisions, for the purpose of exposing the nerve trunk, incising its sheath and freeing it from surrounding adhesions. Prognosis is better in the young than in the old, and in those of fair general health than in those of renal disease or diabetes. The more pronounced neurotic processes are not so rapidly amenable to treatment as the milder type and one attack predisposes to another.

STRYCHNINE INJECTIONS.

RETRIVOR (*Uatchebenaya Gazetta* 22, 1906,) reports nine cases in which the most favorable results followed the daily injections of 0.01-0.02 strychnine in the region of the painful part. While previously ordered remedies had proven worthless, all cases improved after the strychnine injections.

OSTWALD (*Berlin Klin Wochenschrift*) has found the deep injections of alcohol-cocaine and alcohol-stovaine in sciatica, trigeminal and other neuralgias to be very beneficial. He uses 80 percent. of alcohol to which is added 0.01 of cocaine or stovaine. He obtains relief in 90 percent. of the cases in from two to four injections. Relapses occurred in about one-third of the cases, but succumbed readily after one or two injections. These relapses occurred usually after the fourth or fifth month.

STERILISED AIR INJECTIONS.

THE treatment of sciatica and neuralgia by hypodermic injections of sterilised air has been tried not only at Lyons but also at Bordeaux and Paris. (*Journal de med. de Bordeaux*.) This journal has recently published thirteen cases (three sciatica and ten intercostal neuralgia) which had proven quite refractory to treatment, and had been cured by this means. All who have employed the technic indicated note that they have had no complications. The technic is very simple. After sterilising the region where the injection is to be made a sterilised hypodermic needle is inserted under the skin, and as soon as one is sure that no blood-vessel has been punctured, a rubber tube is joined onto the needle,

and air from a rubber bag is injected from simple compression. To be quite safe it is best to place a little glass tube with cotton wadding between the needle and the bag. The injection should be stopped when the patient no longer complains of pain. A slight amount of massage should be carried out afterwards and repeated every day till crepitation has disappeared.

SCIATICA SURGICALLY TREATED.

PERS, Copenhagen (*Deutch med. Wochenschrift*) reports two cases which were permanently cured by operation. The surgical treatment consists of laying the nerve free and making it clear from all adhesions. These were loosened and extirpated so that the nerve presented again a normal white appearance. Both patients complained only a short time of pain which, however, was less than before the operation. After about 30 days the patients were well and could leave the institution. Both after the lapse of two years have found themselves entirely free from pain. On account of these two typical cases Pers thinks that the surgical treatment of this trouble has a future.

ELECTRICITY IN SCIATICA.

JUETTNER in his modern Physio-therapy says: "Pressure, compression bandage, massage and vibration. Dry heat. Rest limb in elevated position. Galvanism as before. Static spray (positive) locally. Local sun baths. The local treatment of any neuralgia must always be secondary to the general treatment of the system. Local treatment is desirable, general treatment is necessary. Even in old obdurate cases, good results can be achieved if the physician will persist in handling his patient generally and locally according to the directions and suggestions given above. The apparent anodyne action of the faradic current in neuralgic cases (i.e. sciatica), is due to its alterant action on the muscular tissue and through the latter on the circulation. The blood supply is regenerated and the cry of the nerve for healthy blood is stilled. The use of violent faradic shocks is never indicated except in paralytic conditions when it is a question of making an impression on the tissue that has hardly any vitality left in it. Painful applications of the faradic current are never proper."

BATH AND DRUG TREATMENT.

HARBURN (*Lancet*, Feb. 4, '05.) has found no combination of drugs in the acute stage to equal the following: Aspirin gr. 6 or 0.36, phenacetin gr. v. or 0.33, quinine salicylate gr. 2 or 0.12 and codeine gr. $\frac{1}{4}$ to $\frac{1}{2}$ or 0.015 to 0.03. First clean out the bowels with calomel followed by salines. In the subacute

stage nothing is more serviceable than the half combined bath. Patients sits in a vapor bath which comes up to the waist line only. This while it does not exhaust the patient as much as the full bath of vapor allows a higher temperature to be borne by the affected part. 110 degrees F. can be tolerated for from 10 to 15 minutes. At the end of this time the patient sits in a bath of the Buxton mineral water, heated to a temperature of 95 degrees F. for eight minutes, and during the last three minutes a hot undercurrent douche at 102 degrees F. to 110 F. is applied to the affected limb. Chronic form. Where neuritis is not present the Aix massage baths with the douche applied to the painful parts, are of great value as are also dry and electric massage followed by gentle stretching of the nerve in cases where adhesions are present. The Buxton swimming bath at a temperature of 82 degrees F. is one of the most valuable means of treatment at our disposal. In true neuritis, however, massage is, as a rule, not beneficial, and nerve stretching is contraindicated. The combined bath, alternating with the natural swimming bath and the application of electricity in the form of the constant current (5 to 15 milliamperes), ascending or descending over the affected nerve or in the form of the constant current bath, are of much service. The affected limb should be kept warm by wearing double legged pants of wool. The hypodermic injection of pilocarpine nitrate on alternate days for two or three weeks, except when there is organic heart disease is highly praised.

SHOEMAKER (*Virginia Med. Semi-Monthly*) recommends deep injections in the region of the nerve of atropine sulphate 1-150 gr. three times daily, also injections of cocaine as near the nerve as possible. Baking the limb once daily is one of the best means of assisting in the cure of the disease. This should be done in a heating apparatus. The limb is wrapped up in a blanket and placed in an apparatus, and the temperature is gradually run up to 300 to 400 degrees F., and kept there for at least an hour. When gout or rheumatism is the cause, treat that first, and often the sciatica needs no special treatment. The same is true when the disease is due to other causes. Pathologically speaking, traumatic sciatica is perineuritis. The nerve looks red and inflamed from hyperemia of the vasonervorum. Sciatica, especially in women, is often due to pelvic tumors: hence a vaginal and rectal examination should be made in intractable cases in women.

EN RESUME.

THE first essential to the successful treatment of sciatica, the hip gout of Pliny, is a thorough knowledge of the individual patient in hand. We should in the beginning, institute a most exhaustive

physical examination not only of the sciatica nerve, but also of the entire nervous system and the patient's whole body, family history, diseases, mode of living, place of living, business and habits of life and diet. If the patient is a woman, especial attention should be given to a careful rectal and vaginal examination, for the disease in woman is often due to pelvic tumors. One can not know too much about his patient, suffering from this obscure malady, to assist him in the cure. Constitutional elimination and general therapeutic measures to relieve pain and promote sleep should first follow that best of all starters, a mercurial purge followed by a saline, which treatment should be instituted as soon as the diagnosis is positively settled and the causal relations made clear. Morphia should be used with extreme caution, owing to the danger of forming the habit. Rheumatic cases are usually benefited by the salicylates, syphilitic cases by the iodides, gouty cases by colchicum and the salines. One of the best combinations of drugs in the acute stage is the following:

R-Aspirin gr. vi or 0.36.

Phenacetine gr. v or 0.33.

Quiniae salicylate gr. ii or 0.12.

Codeinæ sulphatis gr. $\frac{1}{4}$ to $\frac{1}{2}$ or 0.015 to 0.03.

Having first cleaned out the bowels with calomel and salines, this, in capsule should be repeated every two or three hours.

Injection Treatment.—Hypodermics of very large doses of strychnine in the region of the painful part, has cured cases which were rebellious to every other plan of treatment. Injections into the region of the nerve of atropine sulphate 1-150 of a grain three times daily, also cocaine injections as near the nerve as possible are frequently followed by success. Deep injections of alcohol-cocaine and alcohol-stovaine, 80 per cent. alcohol and the incorporation of 0.01 of cocaine or stovaine. Relief is obtained in about 90 per cent. of cases in from two to four injections. Relapses, generally after the fourth or fifth month, occur in about one-third of the cases but yield readily after one or two injections. Beta encaïne, 6%, in 8 per cent. salt solution should be injected in the region of the sciatic notch. When a large weal appears under the skin, the needle is pushed down till a jerking shows that a nerve had been touched, then 70 to 100 cc. are rapidly injected. Functional and complete relief is almost instantaneous. In a portion of the cases only is a second injection necessary for complete cure. The hypodermic injection of sterilised air is conducted as follows: After sterilising the region where the injection is to be made, a sterilised hypodermic needle is inserted under the skin, and as soon as one is sure that no bloodvessel has been

punctured, a rubber tube is joined onto the needle and air from a rubber bag is injected by means of simple compression. To be quite safe, it is well to place a glass tube with a little cotton in it, between the needle and the bag. The injection should be stopped when the patient no longer complains of pain. A slight amount of massage should be used every day till crepitation disappears.

The *rest cure* of Weir Mitchell is beneficial in some cases, and the fixation of the limb in plaster of Paris is good treatment, especially in those cases where the vocation necessitates violent exercise of the lower extremities. Change of occupation is often necessary from the sedentary to the active or vice versa. The sedentary person should sit on a soft cushion or an air cushion, to protect the nerve from pressure or injury.

Hydrotherapy judiciously administered should always be given consideration. It has many cures to its credit. The wet pack administered at night is a very excellent means of relieving pain as well as for influencing favorably the neurotic process. For this purpose we may use the leg of a heavy pair of drawers dipped in water at 65 degrees F., and placed in position like a stocking. A roller bandage is then applied so that the leg may be kept in perspiration all night. This is removed in the morning and followed by a warm water ablution and massage. Ten or twelve packs usually result in much improvement. The half combined bath in the subacute stage proves quite serviceable. Patient sits in a vapor bath which comes up to the waist line only. This, while it does not exhaust the patient as much as the full bath of vapor, allows a much higher temperature to be born by the affected part. 110 degrees can be tolerated for from 10 to 15 minutes. At the end of this time, the patient sits in a bath heated to a temperature of 95 degrees F. for eight minutes, and during the last three minutes a hot undercurrent douche, at 102 to 112 degrees F., is applied to the affected limb. The combined bath alternated with the natural swimming bath is of value. The internal bath by the ingestion of large quantities of water is well advised.

Electricity:—Static spray (positive) locally. The galvanic current should be applied to the nerve from four to eight minutes, and should not exceed from three to five milliamperes. When the nerve substance has been involved, gentle muscular stimulation with the uninterrupted galvanic current keeps the structures in good nutrition and prevents atrophy. Faradism. The apparent anodyne action of this current in sciatica is due to its alterant action on the muscular tissue, and through the latter on the circulation. The blood supply is regenerated and the cry of the nerve for healthy blood is stilled. Painful applications of the Faradic current are not proper.

Surgical Treatment.—In cases of long standing it is advisable to make an exploratory incision for the purpose of exposing the nerve trunk, incising its sheath and freeing it from surrounding adhesions. Some good results of nerve stretching are reported and many bad. It is an operation which has not gained much commendation from the general medical mind. Myelitis has in a few cases followed this operation, and nerve stretching is contraindicated where neuritis is present. There is a substitute operation called bloodless nerve stretching, in which the patient under ether, the thigh is forcibly flexed upon the pelvis and the leg extended at the knee and this position maintained for some minutes.

Massage along the course of the nerve, even though painful, is often of benefit by relieving the nerve of adhesions. In true neuritis massage is as a rule not beneficial. Massage, or what is better, mechanical vibration is of value in the chronic stage where atrophy has commenced.

Cure is easier in the young than in the old, and in those of fair general health than in those suffering from the various serious chronic diseases. The more pronounced neurotic processes are not so amenable to treatment as the milder types, and one attack predisposes to another. The reason that some patients do not recover, is that they are unable to pursue a persistent or systematic plan of treatment, and the physician, or more probably the physicians, who have had the case in hand have not had opportunity, owing to the frequent changes, to sufficiently study the case. Otherwise the failure to cure must be due to the medical man not having studied his patient thoroughly enough, having overlooked some point. The only thing for him to do is to commence at the beginning and go it all over and try to ascertain wherein he has failed, for he has failed somewhere. An exact diagnosis of the conditions is one of the first and last means of cure.

ABSTRACTS.

Villous Papilloma of the Rectum.¹

BY BENJAMIN MERRILL RICKETTS, M.D., LL.D., Cincinnati, Ohio

[*Author's Abstract.*]

AFTER mentioning its rarity and disposition to undergo malignant change, the author gives a historical resume beginning with the first case reported by Quain, 1885. Since this time there have been sixty-two cases reported by twenty-one authors, six of which have been Americans, reporting nine cases.

1. Read before the American Proctologic Society, Atlantic City, N. J., June 3-4, 1907.

It occurs most frequently between the ages of thirty-five and sixty, the youngest reported being seventeen years old. There is no known cause, and the growth is supposed to be slow.

Its pathology is dealt with extensively, and symptoms given in detail. Operative methods are intraanal resection and extraanal resection. The former consists of longitudinal and circular resection. Ligature clamp and clamp and cautery. Of these ligature is the most popular. Extraanal resection is accomplished after removing the coccyx.

The technic of each method is given in detail.

Abstracts of thirteen cases is given followed by the report of a personal one, recently twice operated upon.

The first operation by ligature was done Oct. 25, 1906, when a neoplasm giving all the characteristics in history symptoms and appearance of villous papilloma was removed. The second operation, extraanal, was done May 8, 1907, revealing multiple adenocarcinoma. Four inches of the lower rectum were removed; dissolution at the end of eighty hours, probably due to infection.

It is impossible at all times to differentiate villous papilloma from the region of the tumor and radiate downward and outward, reason there is doubt of the two existing at the same time in a given case. Such a condition has not been recorded. The microscopical appearance of the first is that of adenoma with villous characteristics without bloodvessels in the papillæ. That of the second in adenoma undergoing carcinomatous degeneration.

Abdominal Pregnancy.¹

By JOHN EGERTON CANNADAY, M. D., Hansford, W. Va.
Surgeon in Charge, Sheltering Arms Hospital.

[*Author's Abstract.*]

AFTER discussing the history of the lesion so far as the surgical knowledge of it is concerned, the author states that only during the last fifty years has its treatment been worthy of consideration. Lawson Tait has been the pathfinder in this as in some other subjects. The statistics of frequency vary widely according to the counts of different observers. About 8 per cent. of all cases of extrauterine pregnancy are said to be abdominal in character.

The symptoms are divided into those common to all varieties, and those peculiar to individual varieties. Of the first class are the reflex symptoms which belong to all normal pregnancies. The nausea and vomiting are commonly severe and begin usually early in pregnancy. Two symptoms specifically point to extrauterine gestation. They are the bloody discharge, and the ab-

1. Published in the *New York Medical Journal*.

dominal pains which are as a rule colicky and sharp; they start from the region of the tumor and radiate downward and outward. These pains may begin about the first of the second month and last throughout pregnancy. The acme of their severity is about each menstrual period, and there may be an intermission of entire freedom from them between the periods. During these attacks of pain the abdomen may be swollen and tender to the touch. The pulse is accelerated, but there is no temperature rise. The bloody discharge from the uterus occurs in a majority of patients. This phenomenon is usually accompanied by pain and the expulsion of the decidual membrane, the discharge being due to rupture of the decidua, of a seropurulent, coffee colored or reddish nature, and may be apparently so profuse as to call for tamponade. In the primary abdominal type there may be no disturbance of the menstrual function. The return of the menses is indicative of fetal death. The rectum may be irritable, and pulsation can often be elicited by vaginal palpation. The most typical symptom is metrorrhagia coincident with the symptoms of pregnancy in its early stages. If associated with this is a discharge of decidual tissue one should expect extrauterine gestation.

False labor may be premature, happening at the seventh or eighth month, but usually makes its appearance at term, rarely afterward. At the same time the patient has intermittent pains analogous to true labor pains. The cervix does not become obliterated but dilates sufficiently for the entrance of one or two fingers. After the decidua is expelled the pain ceases and does not return unless there has been a rupture of the fetal sac. The signs of labor will disappear, and milk will come in the breasts.

The symptoms of rupture are sudden and severe pain radiating over the abdomen, rapid weak pulse, air hunger, shock, and other concomitants of hemorrhage. There is apt to be nausea, hiccough, and extreme tenderness of the abdominal walls. The escape of the fetus from the tube without much loss of blood is marked by severe pain referable usually to the side, tenderness of the abdomen, and often a temperature rise. The rupture may be spontaneous or provoked by some slight trauma.

Physical Diagnosis.—The os and cervix are often soft, and either firmly confined by adhesions or pushed entirely out of their natural position by the rapidly enlarging cyst. Fetal pulsation may be felt through the vaginal wall, and the fetus can at times be outlined in the same way. There are two tumors, one of which is usually situated to the right or left of the median line. A sulcus between the adventitious body and the cervix can be made out. In some cases the fetus is palpable through the abdominal wall. On manual examination of a cyst containing a dead fetus of con-

siderable size crepitation of the bones may be obtained. The uterus remains stationary in size after the fourth month. Fetal heart sounds and movements are discernible after the fifth month.

Diagnosis.—The diagnosis is nearly always difficult, and cannot be made with certainty during the first period. At that time diagnosis of probability constitutes an ample reason for surgical intervention. It may be taken for ovarian cysts, fibroid tumors, several forms of salpingitis, and hematocele. It may possibly be differentiated from these by the history, the malposition of the uterus, and the disturbances of pregnancy. In the second period of pregnancy diagnosis is not so difficult, but it is nearly always impossible to distinguish one variety from another. In making a diagnosis we have what we can elicit from the story of the patient in her own words, her replies to minute questionings, and a physical examination. After the escape of the fetus from the tube and the beginning of the secondary abdominal type, the acute symptoms may subside, but there are apt to be recurrent attacks of pain. An apparently normal condition necessarily tends to throw the physician and patient off their guard. The diagnosis is naturally difficult, because of the irregularity of the symptoms, the frequency with which it is simulated by other conditions, and the ease with which the bleeding with or without expulsion of the decidua may be taken for an ordinary abortion. Probably there are few conditions more plain to the careful observer than a typical case of exfetation, but comparatively few cases are typical.

The diagnosis of abdominal pregnancy is rather rarely made prior to false labor, for the reason that the physician's attention is seldom called to the case. We should regard sudden collapse associated with pallor and other symptoms of intraabdominal hemorrhage in any woman having a possibility of pregnancy as *prima facie* evidence of a ruptured ectopic gestation sac. A period of amenorrhea usually precedes the bloody discharge which does not correspond in nature nor necessarily in point of time with the natural monthly bleeding. Important points relative to the bleeding are the color, the persistence, and the presence of membrane or pieces of membrane. Among the most characteristic symptoms are the variable period of amenorrhea, irregular uterine hemorrhage, pelvic pain, and discomfort, and the shedding of the uterine decidua. This pregnancy is like a mine, ready to explode with a moment's notice, and it is highly important that the patient be in easy reach of competent surgical skill at all times. It is nearly always best to approach these pregnancies by a median laparotomy. Complete removal of fetus, membranes, and placenta is highly desirable. By reason of dense adhesions great danger of hemorrhage or dangerous condition of the patient this pro-

cedure will at times be impossible. Under such circumstances the edges of the opening in the sac should be sutured to the parietal peritoneum and the sac carefully drained. The placenta in such cases will come away gradually by fragments, and in two or three weeks its exfoliation will have been complete. Surgical intervention should take place as early as possible after the death of the fetus. If the cyst in such case is in the cul-de-sac vaginal section is appropriate; after the extraction of fetus and placenta the cavity had best be packed with a five percent. iodoform gauze. I wish to urgently emphasise the absolute necessity for removal as early as a diagnosis can be made, and the stringent indication for immediate operation when we see a pregnant woman showing symptoms of intraabdominal hemorrhage.

The author reports a case in which the diagnosis was made prior to rupture, but operation was not resorted to until a short time after rupture had taken place. Although the placental implantation was very extensive a complete operation was performed. Although the patient was in a very bad condition from hemorrhage and shock, under prompt stimulation she reacted and made an excellent recovery, the wound uniting by primary intention without drainage.

The writer summarises his paper as follows:—The greater frequency of ectopic pregnancy than the number of observed cases would lead us to believe: the usual irrelevant and atypical nature of the symptoms; the difficulties in the way of making a diagnosis and necessity for a careful study of the cases, in which the condition might be suspected, both in its present and past aspects; the importance of studying the character of the uterine discharges; the association of this with pelvic pain and discomfort, and the signs of pregnancy; the advantages of prompt operation, removal of blood and other debris by dry sponging without irrigation, thorough hemostasis, and the closure of the wound without drainage.

TOPICS OF PUBLIC INTEREST.

Medical Education in the United States.

With Some Facts of the Existing Conditions and Needs as Shown in the Report of the Council on Education Made to the American Medical Association at Atlantic City, June 4-7, 1907.

[*By the Council of Medical Education.*]

DURING the last twenty-five years medicine has made wonderful progress. During this period it has earned for itself the right to be called a science.

The science of medicine is one of the broadest sciences. It is based on the sciences of anatomy and physiology, physics and chemistry, pathology and bacteriology and pharmacology. For centuries medicine was a mass of empirical facts which acknowledged no limitations and the acceptance of which required a robust faith on the part of both doctor and patient. Today medicine is a science; it knows its power, it recognises its limitations and has learned to acknowledge without fear those things which it does not know, and when it makes such acknowledgment it turns the fire and zeal of well-trained minds on these unsolved problems, with the hope and determination of finding their solution.

The benefits conferred on mankind by medical discoveries have already been enormous.

The recognition of the germ cause and resulting control by quarantine of great plagues like cholera, yellow fever and pest, the virtual eradication of smallpox by vaccination, the cure of diphtheria by antitoxin, the relief from pain secured by anesthetics, the prevention of surgical infections by Lister's great discovery, antiseptic surgery, which has made possible the many life-saving operations of modern surgery, the reduction of typhoid fever by a pure water supply—all these have added greatly to the wealth and health of communities and to the happiness and comfort of the individual.

The civilised world can well afford to acknowledge the importance of the accomplishments of modern medicine and to extend to medicine every encouragement and assistance in solving the many problems still in sight.

The cancer problem, tuberculosis—"the great white plague"—pneumonia—the captain of the men of death—scarlet fever, with its undiminished mortality; all these and many more must be conquered and controlled. And in this fight the community must furnish the laboratories and hospitals necessary and train the men who are needed to carry on this struggle of science against disease.

In our own country medicine has so far received little assistance from the state, and, compared with schools of liberal arts and theology, it has received almost no endowments from individuals. And yet no state and no philanthropist can find a better investment than the hospital and laboratories of a modern medical school; none from which the immediate returns are so large, none from which the possibilities of enormous profits to humanity are so great.

Modern medicine requires a better order of intellect and better training than it did twenty-five years ago, and better than that possessed by the average student entering its ranks today in this country.

The standards of medical education in the United States are very uneven, representing the highest and the lowest types as compared with such powers as England, France and Germany. As a whole, the standard in this country is distinctly lower than in these countries and lower than it should be to meet the requirements of medical science in the present stage of development.

In this country the control of medical education and licensure is vested in the individual states and not in the national government. This has probably been for the best because of the enormous size of our country and the widely varying conditions met in the different sections.

In this country, until comparatively recently, medical education has been in the hands of private medical colleges, conducted by groups of medical men largely for their own interests. In Germany and France the medical school has been developed as a department of the university, and, fortunately, in this country the same plan is being gradually adopted. It must be said to the credit of American medical schools and American medical men that, handicapped as they have been, without state aid or private endowment and dependent practically entirely on the fees of students, they have accomplished much, of which we may justly be proud.

BRITISH MEDICAL EDUCATION.

In England medical education is in control of the national government through the agency of the Medical Council. The Medical Council determines the standard of preliminary education, the character of the curriculum, the length of the course and the character of the examinations for licensure.

The preliminary education required is about equal to our best four-year high schools and this is followed by a five years' course in medicine, the first year devoted largely to physics, chemistry and biology, and this year can be taken either in the medical school or in a school of liberal arts recognised by the council. Then follow the four years of medicine, given largely as they are in this country; the last year, however, can be taken as a clinical year in a recognised hospital. The examination for licensure can then be taken at the end of this five-year course or it can be taken in two parts, one after the completion of the laboratory years and the second on the completion of the course. As a matter of fact, however, these examinations are so rigid, that the average time required by the student to prepare for them is about six years.

MEDICAL EDUCATION IN GERMANY.

In Germany the student can enter the medical department of a university on leaving the gymnasium or a scientific school. The medical course is now about six years divided as follows: The

first year is devoted to physics, chemistry and biology; then follows a four-year course such as is given in our better schools, and then a sixth year, which must be spent as an interne in a hospital. At the end of this time the student can come up for his state examination or it can be taken as in England in two parts, one part after he has finished his laboratory studies, anatomy, physiology, etc., and one after the completion of his clinical work.

The conditions of medical education in this country are not satisfactory. There are too many medical schools. The preliminary education demanded is often insufficient. Many medical schools are conducted purely as business ventures and give an unsatisfactory course, have poor facilities, lack trained teachers, and, besides, graduate a large proportion of men who fail before the comparatively simple and fair examinations required by the state examining boards for a license to practise medicine.

The Council on Medical Education of the American Medical Association, a committee of five composed of Prof. Councilman of Harvard, Prof. Frazier of the University of Pennsylvania, Prof. Vaughan of Michigan, Prof. Witherspoon of the Vanderbilt University, and Prof. Bevan of Rush Medical College, has been studying this question for the last three years. During the last year members of this council made a personal inspection of the medical schools of the United States in order to determine the existing conditions of medical education in this country.

Each school was visited by some member of this committee and was marked as an individual taking a civil service examination, on the character of its facilities for teaching modern medicine and its actual work and the results of its teaching as shown by the success or failure of its graduates who come before the state examining boards for a license to practise medicine.

The schools were divided according to their standing into three groups: Group I, in which were placed all the schools above 70, which was taken as a passing mark. Group II, which included the schools marked from 50 to 70. This mark was regarded as not acceptable, but it was considered that the deficiencies in this group might be remedied by such improvements as would bring the standing above 70. Group III, in which the markings were below 50, the facilities being entirely inadequate and the work bad.

In this country there are 160 medical schools, about as many as in Great Britain, Germany, France, Austria, Belgium, Holland, Denmark, Greece, Hungary, Italy, Norway, Sweden, Portugal, Roumania, Russia, Spain and Switzerland combined. Great improvements have been made in medical education in this country during the last few years. Until recently, within twenty-five years, almost all the schools in America gave a full medical course in two years. Now all the schools demand a four-year course.

MEDICAL SCHOOLS IN EUROPE.

Austria	7
Belgium	4
Denmark	1
Great Britain and Ireland.....	43
France	16
Germany	21
Greece	1
Hungary	3
Italy	20
Netherlands	4
Norway	1
Portugal	2
Roumania	2
European Russia	12
Spain	8
Sweden	3
Switzerland	5
Total	153

The above figures are approximately correct and are based on the report of the Commissioner of Education, as well as on the report in the book called "Minerva," a yearbook of libraries, colleges and universities, published by Dr. Karl Trübner, Strassburg. It may be said, therefore, that there are in the United States as many medical schools as in entire Europe.

Many schools have increased their requirement for admission and laboratory and hospital facilities, until they can now offer as good medical instruction as can be obtained anywhere in the world. A splendid movement to bring up the requirements of the preliminary education of the American medical student to that of the European standard has been started, and about fifty schools have agreed to require, in addition to a four-year high school course, one year or more of physics, chemistry and biology by the year 1910.

THE STANDARD.

In spite of the advances made and good work done by a considerable number of American medical schools, the general average is extremely low. Modern medicine demands a good preliminary preparation and thorough technical training. The standard which should be ultimately generally required is the following: 1, A four-year high school education; 2, one year of chemistry, physics and biology; 3, two years in well-equipped laboratories of anatomy, physiology, pathology and pharmacology; 4, two years in clinical work in dispensaries and hospitals, and, 5, one year as an interne in a hospital.

The average student would leave high school at 18 years and graduate at 24 years of age, and today it is impossible to acquire a sufficient knowledge of medicine with less preparation. The

schools in this country represent all grades from the very highest—the best of our schools are as good as the best in the world—to the very lowest, a large number being little better than diploma mills.

Of the 160 schools only about 50 per cent. are sufficiently well equipped to teach modern medicine. About 30 per cent. are doing poor work and need to make great improvements in their facilities and character of instruction to bring them to an acceptable standard, and about 20 per cent. have no claim to recognition whatever.

It was clearly shown by this inspection that many medical schools are conducted for profit, and that the medical schools conducted solely for the profit of their faculties are a menace to the community and the profession.

There are four night schools teaching medicine in the United States, three in Chicago and one in Philadelphia. It is evident that modern medicine which requires four, five or six years of hard study and work, to which the student must devote the entire day and part of the night, can not be mastered in the night schools between the hours of 7 and 10 p.m., especially when the student has devoted the rest of the day to some other occupation. Many of the poor schools are conducted as quiz classes for the purpose of preparing the student to pass the state board examination and not with the object of making him a competent practitioner.

THE REMEDY.

How can this unsatisfactory condition of medical education be remedied? Two things are necessary, proper state control, and financial support. It is in the power of the public and the profession to enact and enforce laws which will secure proper standards of medical efficiency. A state without the protection of good medical laws, well enforced, becomes the dumping ground for poorly-prepared medical men. The state examining boards are unfortunately in some states merely political machines.

In this country we need money for medical education. It costs more to educate a student than he can pay in the way of fees. Medical education must secure state aid and private endowment. No better investment can be made by any state than that put into medical research and education. The public must be taught the present condition and the necessities of modern medicine, and philanthropists must be shown that medicine well deserves the support that is given schools of liberal arts, theology, libraries, and the like. It is the duty of the profession to secure a high standard of preparation and efficiency of the men who are legally qualified to practise medicine.

THE NEED OF COOPERATION.

The public has a right to demand such state control as will insure its protection against ignorance and inefficiency and will secure for it the services of well-qualified practitioners when they apply for such services, and the public should insist on the legislation necessary to secure such protection.

In the effort to secure higher standards the entire medical profession of America, without regard to the so-called schools of practice, should unite in one common movement to secure the needed legislation and reforms. No attempt should be made by legislation to force the regularly licensed medical attendant on individuals who believe in mental, religious and other means of healing, except in diseases such as diphtheria and smallpox, which are in the control of the state and municipal boards of health and in which the police power is exercised to protect the entire community and applies equally to all classes.

If the public realised the enormous difference that exists between well-trained modern medical service and ignorant, inefficient medical service, they would soon demand and obtain the needed reforms.

The present conditions of medical education and qualifications in this country are not satisfactory. These facts can easily be determined by any one qualified to investigate the subject and should be widely known both to the profession and to the public. Without any sensationalism the profession, the public and the press should be enlisted in the effort to secure the needed state control and financial assistance, without which it will be impossible to bring medical education and service up to the desired standard of efficiency.

In this country of great wealth and great population and of high average intelligence we can no longer be satisfied with our present standards of medical education, which are so much below those of Germany, France and England. Nor should we be satisfied with any except the highest and best.

SUMMARY.

In brief, the situation of medical education in the United States may be given as follows:

(a) A three years' careful study has been made by the Council on Medical Education of the American Medical Association of the conditions surrounding medical education in the United States. This study included the inspection of all the schools in the United States by one or more members of the Council.

(b) The great advance in the sciences in recent years has created the necessity for a much broader and more thorough

education, both preliminary and medical, for the physician equipped to practise modern medicine.

(c) The standards of the medical schools in the United States are very uneven, representing the highest and the lowest types as compared with the standards of England, France and Germany. As a whole, the standard in this country is unsatisfactory and much lower than in those countries.

(d) A modern medical education demands, 1, a four-year high school education; 2, a year of physics, chemistry and biology; 3, two years in well-equipped laboratories of anatomy, physiology, pathology and pharmacology; 4, two years in clinical work in dispensaries and hospitals; 5, a year as interne in a hospital.

(e) The expense for the equipment and maintenance of the modern medical school is greater than can be met by fees paid by medical students. Medical schools, therefore, need endowments in order to meet the demands of present day medicine.

(f) In the United States, until recent years, medical education was mostly in the hands of medical colleges conducted as private institutions, while in Europe it is controlled by the universities. Within recent years, however, some of the medical colleges in this country have secured university connection.

(g) There are still, however, a large number of schools which are conducted solely for profit, and profit is only possible where the college fails to provide proper facilities for laboratory and clinical training.

(h) There are 160 medical schools in the United States alone, as many or more than there are in all the countries of Europe combined. Of the 160 medical schools in the United States only about 50 per cent. are sufficiently equipped to teach modern medicine, 30 per cent. are doing poor work and need to make great improvements, while about 20 per cent. are unworthy of recognition.

(i) If the public realised the enormous difference that exists between well-trained modern medical service and ignorant inefficient medical service they would soon demand and obtain the needed reforms.

(j) A state without the protection of good medical laws, well enforced, becomes the dumping ground of the low-grade medical school with its output of illy-prepared medical men.

(k) To secure better conditions requires two things: Endowments for medical schools and better legislation providing state control of medical practice and licensure.

(l) This country should not be satisfied with medical standards unless they are at least equal to those of other world powers which are our competitors in commerce, arts and science.

A Novel Use for Old Ferry Boats in Treating Consumptives.

BY THE COMMITTEE ON THE PREVENTION OF TUBERCULOSIS OF THE CHARITY ORGANIZATION SOCIETY OF THE CITY OF NEW YORK.

THE old Staten Island ferry boat "Southfield" has been cleaned up and moored at the dock at the foot of West 16th street on the North River, where it is now being used as a day camp for consumptives. With a trained nurse in charge, a regular visiting staff of physicians, an abundance of milk and eggs, and steamer chairs and hammocks in which to sit out of doors and watch the passing river craft, fifty men and women are keeping cool and getting back their health and strength.

The boat was put at the disposal of the Committee on the Prevention of Tuberculosis of the Charity Organisation Society of New York, by Commissioner John A. BenseL of the Department of Docks and Ferries. Since the department has been operating its new boats on the Staten Island ferry, the "Southfield" has not been running and the commissioner, therefore, was able to give his hearty support to the plan that was put before him to permit the boat to be used as a day camp under the strict medical supervision of the tuberculosis committee and at the committee's expense. The boat was thoroughly cleaned, water closets, a stove and an ice chest were put in, several dozen steamer chairs and a few cots were bought, a trained nurse was engaged and then the camp was ready for patients.

These patients are sent to the boat after being examined and passed by the physicians in charge of the Associated Tuberculosis Dispensaries to which any one desiring this treatment may go for this purpose. After examination, if the applicant proves to be able to be up and around and is not running a temperature, a card of admission to the boat is given and thereafter, each day the patient goes through the regular routine beginning with the taking of temperatures and weighing at 9 o'clock in the morning and ending at 5 o'clock in the afternoon when all go to their homes except a few men patients who stay all night. Fresh milk and eggs are given in abundance, each patient taking from three to eight eggs and from three to eight glasses of milk daily, other food, except bread and butter, hot tea or coffee and a cooked egg, which are given out at noon, being brought by the patients themselves. Once each week the committee in charge meets on the boat, the medical members of this committee serving each two weeks in turn as visiting physicians. In speaking about the boat a member of the committee said: "A good many people realise now that fresh air and medical oversight are needed to cure tuberculosis, but in a long, narrow, congested place like the island of Man-

hattan how is this fresh air to be had? There are not parks enough to go around and daily trips to the great open spaces in the Bronx are out of the question for the ordinary sick consumptive who can't take the time or the money to do this.

We looked into this matter carefully, some time ago, several good sites having been very generously offered to us, but we considered them too far from our base of supply, the crowded tenements where tuberculosis is bred. Then some old buildings that the city had condemned were about to be put at our disposal, but we could not get any assurance but that we might be put out right after putting in improvements extensive enough to be expensive to us with our limited resources and so we had to give up that idea. We then thought of the water front and found a mighty helpful ally in Commissioner Bensel and it was due to his interest and broad view of things that we now have our camp in full swing aboard the good boat 'Southfield.' It was something of a job to clean her up and fix things as we needed them, but it was well worth while. If any one doubts it, let him go down and see for himself. The patients are putting on pounds and the color is coming back in whitened cheeks in a most wonderful manner. Now and then a good friend sends us some fruit, magazines or flowers, and with these and the extra diet and good fresh air our patients are getting along famously. There's an idea in all this, too, that's worth giving a good deal of thought to. With all our talk about the impossibility of getting fresh air in our tenement districts, and there is no doubt but what that is all too true, have we not the means ready at hand in our large water front or on our bay to provide resting places where our 40,000 consumptives and our thousands of others needing fresh air can get this absolute essential to cure?"

IF PULMONARY TUBERCULOSIS is to be prevented either in the family or at large it must be by the abandonment of the old dominant notion of an inherited diathesis and the substitution therefor of the vital belief in infection. The possibility of infection by cow's milk is too great to warrant its being ignored or held in disdain. Tuberculous cattle are a menace to society, and laws for their detection and death are salutary as has been shown in Denmark, where, thanks to strict enforcement of such provisions, tuberculosis has almost been eradicated from the dairy herds. Every physician who is the regular medical attendant of any family in which there has been a case of pulmonary tuberculosis, should regard himself as personally responsible for the prevention of the disease in other members of the household. This applies in particular to the children, who, by reason of their tender age, are especially liable to infection, and cannot be expected to appreciate the necessity and wisdom of prophylactic measures.—*Babcock on "Diseases of the Lungs."*

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

All communications, whether of a literary or business nature, books for review and exchanges, should be addressed to the editor 238 DELAWARE AVE., BUFFALO, N. Y.

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AUGUST, 1907.

No. 1

The American Medical Association at Atlantic City.

FOR the third time within seven years the JOURNAL gives editorial comment upon the meeting of this great medical organisation at the greatest seaside resort in the world. Each time the association has convened at Atlantic City its attendance has been larger and better work has been done than at any other place where it has met. Never in its history has so much good work been done as at the meeting in question.

The fifty-eighth annual session, held June 4-7, 1907, was conspicuous for several reasons. One of the most important duties of such a body is the selection of its presiding officer. President Bryant has long been famous as a parliamentarian as well as for his knowledge of professional legislative detail. His presidential address showed a complete grasp of all the questions that have any importance in the national medical councils. He dealt understandingly with the problems of medical education, of medical legislation, and of chemistry and pharmacology; and besides, as presiding officer of the house of delegates, he dispatched business with such promptitude that this medical legislative body was enabled to accomplish more useful work than at any other time since it was established.

The weekly medical journals have commented from their various viewpoints on this meeting and some of the monthly magazines have unloaded their pent up ideas and opinions, either in friendly criticism or the reverse, so that it is unnecessary for us to rake over this well plowed and harrowed ground. Our purpose is to set down nought in malice, but rather to praise the association's good deeds and to stimulate it to a continuance thereof along the present lines of progress.

We, therefore, shall limit our remarks at this time to comment upon one or two problems of great importance with which the association is now confronted. The first of these relates to medical education and is dealt with through the council on that subject headed by its chairman, Arthur Dean Bevan, of Chicago. The second problem of importance relates to medical legislation, upon which subject the association has also created a council headed by Charles A. L. Reed, of Cincinnati. The third question deals with pharmacy and chemistry, the chairman of this council being George H. Simmons.

Without disparagement to either of the other topics we unhesitatingly declare that the Council on Medical Education has in hand by far the greatest problem that has ever received the official stamp of the American medical profession. With an educated and enlightened body of medical gentlemen throughout the United States and its dependencies, there will be less need of medical legislation, while the duties of the Council on Chemistry and Pharmacy will practically be abolished. Certainly, the latter council will be forced to abandon the campaign pursued on its present lines of espionage and animadversion.

Elsewhere in this issue will be found a statement from the Council on Medical Education summarising the work of three years in an endeavor to improve the standard of the colleges in this country. The exhibit is an interesting one and should receive the attention of medical educators throughout the country. It represents a vast amount of hard work. Under the guidance of the council it is more than probable that conditions will be very much improved within a reasonable time. It is important that all state medical examining boards should be represented at the annual conferences at Chicago, and it were well if medical societies and medical schools should also send delegates.

The growth of the American Medical Association is phenomenal. The report of the general secretary shows the present membership of the association to be 27,515, an increase during the year of 3,879 members. The net income for 1906 was \$325,300. The total expenses for the year were \$293,385.00, leaving a net revenue of \$31,915.00.

The election of officers resulted as follows: president, Herbert L. Burrell, Boston; first vice-president, Edwin Walker, Evansville, Ind; second vice-president, Hiram R. Burton, Lewes, Del.; third vice-president, George W. Crile, Cleveland; fourth vice-president, W. Blair Stewart, Atlantic City; general secretary, George H. Simmons, Chicago; treasurer, Frank Billings, Chicago; trustees, T. J. Happel, Trenton, Tenn., re-elected (1907-1910); W. W. Grant, Denver, re-elected (1907-1910); Philip Marvel, Atlantic City, re-elected (1907-1910). The other

members of the board are: E. E. Montgomery, Philadelphia, 1908; A. L. Wright, Carroll, Ia., 1908; H. L. E. Johnson, Washington, D. C., 1908; M. L. Harris, Chicago, 1909; Wm. H. Welch, Baltimore, 1909; Miles F. Porter, Ft. Wayne, 1909.

The following nominations for committees were then made by the president and confirmed by the house of delegates: Committee on Medical Legislation, in place of W. L. Rodman, C. S. Bacon, Chicago. The other members of the Committee are: C. A. L. Reed, Cincinnati, chairman, 1909; Wm. H. Welch, Baltimore, 1908.

Council on Medical Education: in place of Charles H. Frasier, James W. Holland, Philadelphia. The other members of the council are: Arthur Dean Bevan, Chicago, chairman, 1909; W. T. Councilman, Boston, 1910; J. A. Witherspoon, Nashville, 1911; Victor C. Vaughn, Ann Arbor, 1908.

Committee on Transportation and Place of Session: M. L. Harris, Chicago; E. Eliot Harris, New York; W. A. Jayne, Denver; W. T. Sarles, Sparta, Wis. John C. Munro, Boston, is chairman of this committee.

Committee on Organisation: J. N. McCormack, Bowling Green, Ky.; George H. Simmons, Chicago; Philip Mills Jones, San Francisco.

Board of Public Instruction on Medical Subjects: J. G. Clark, Philadelphia, 1907-1911; F. F. Simpson, Pittsburg, 1907-1911; Frank Billings, Chicago, 1907-1910; George H. Monks, Boston, 1907-1910; L. S. McMurtry, Louisville, 1907-1909; Howard A. Kelly, Baltimore, 1907-1909; L. Emmett Holt, New York, 1907-1908.

Judicial Council: C. E. Cantrell, Texas; R. C. Cabot, Massachusetts; G. W. Guthrie, Pennsylvania; Thomas McDavitt, Minnesota; Charles J. Kipp, New Jersey.

Dr. Kocher's Visit to Albany.

DR. Albert Kocher, the son of Prof. Theodor Kocher, the famous surgeon of Berne, Switzerland, visited the Albany Hospital June 17, 1907, as the guest of Dr. Albert Vander Veer and Dr. W. G. Macdonald. He demonstrated, before a number of the physicians of Albany, his father's method for the removal of the thyroid in a case of goitre, upon a patient of Dr. J. N. Vander Veer. Dr. Kocher, before operating, stated that the great experience of the Clinic at Berne was due to the general prevalence of goitre in Switzerland. He was convinced, however, that no country was free from goitre, as they had had patients from every country and since he had been in America he had seen many cases. They had operated upon over 3,000 patients in Berne and

he himself had done 400 operations. The success of surgical procedure depended not alone upon the skill of the operator, but also upon the careful determination of the general physical condition of the patient as a guide to the extent of operative action.

The operation of Billroth differed from that of Kocher in that Billroth removed the capsule with the thyroid, whereas Kocher peeled out the thyroid gland from the capsule and left the capsule. This resulted in diminution of hemorrhage and in preventing injury to the parathyroid glands. In Vienna sixteen per cent. of the cases operated upon had tetany while in Berne only four in a thousand. The operation is usually done under a local anaesthetic and at Berne one per cent. solution of novo-cocaine with four or five drops of adrenalin in 150 grams of this solution is the anaesthetic employed. A long semi-circular incision is made and the muscles are separated in order to expose the gland. Below the muscles lies the deep fascia which is the capsule of the gland. Below the muscles lies the deep fascia which is the capsule of the gland. After the first incision practically no cutting is done and the blunt instruments are almost entirely used. Hemorrhage is prevented as much as possible by clamping every visible vessel.—*Albany Med. Annals.*

THE only royal doctor in Europe, according to *The Tribune*, is Duke Carl Theodore of Bavaria. Few German princes have had a more romantic career than Duke Carl Theodore. He recently completed, with his wife as his assistant, his five thousandth operation for cataract. Poor people flock to his hospital, where they are treated free, the duke asking payment only from those who can easily afford it. He it was who successfully treated the Kaiser when, eight years ago, he was temporarily blinded by a swinging rope when cruising on the Hohenzollern in the North Sea.

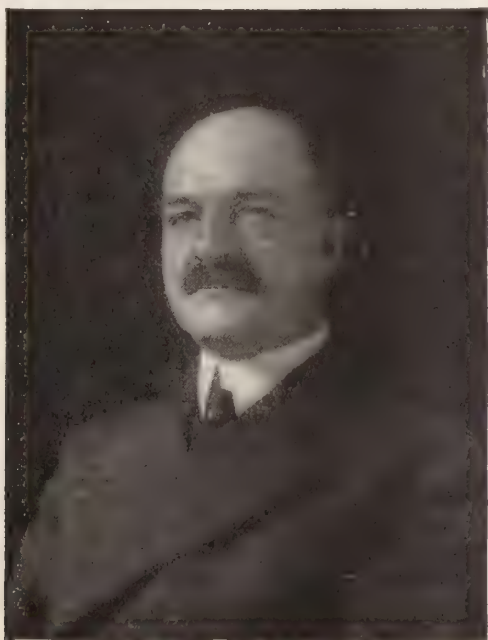
DR. E. J. GILRAY, medical superintendent of the Erie County Hospital, lately appeared before the supervisors' committee which has been considering reform, and supported the contentions of the Charity Organisation Society except the one recommending that the hospital be taken from control of the almshouse keeper. Dr. Gilray recommended establishment of a separate kitchen in the hospital for consumptives, with a large and more nourishing diet; a supply of blankets, clothing and equipment for outdoor treatment; the construction of six shacks for outdoor treatment, each shack to accommodate four patients; and finally, a fence around the hospitals to keep the patients in the hospital and out of the saloons across the street. Dr. Gilray said these improve-

ments would cost about \$10,000. The cost of the shacks is estimated at \$700 each, or \$4,200 for the six; \$3,000 for clothing for 60 patients and \$2,000 for a fence. Let us hope that the supervisors will make appropriation and plan for all these improvements.

Frank G. Ryan Elected President of Parke, Davis & Co.

[From the Bulletin of Pharmacy, May, 1907.]

THE presidency of Parke, Davis & Co., left vacant by the death of Theodore D. Buhl, has been filled by the advancement of Vice-President and Secretary Frank G. Ryan—an an-



MR. FRANK G. RYAN,
President of Parke, Davis & Co.

nouncement which will be greeted with pleasure by Mr. Ryan's numerous friends throughout the country.

Mr. Ryan was so ideally equipped for this great position that he began to march towards it with what is now seen to have been almost predestination, as soon as he joined fortunes with the house seven years ago. He left the faculty of the Philadelphia College of Pharmacy in the spring of 1900 to become Chief Pharmacist of Parke, Davis & Co. At the end of three years he had made him-

self so valuable in the councils of the house that he was elected to membership on the Board of Directors. A year and a half later he was given the important post of secretary. Six months later still he was elevated to the vice-presidency. And now, after barely another year, he is given the very highest position within the gift of the house, and, one might say without fear of contradiction, the greatest and the most responsible position yet created in the drug trade of the country.

Born in 1861 in Marcellus Falls, New York, Mr. Ryan was educated in the public schools of Elmira, and then spent three years in the well-known pharmacy of Brown & Dawson in Syracuse. In 1882 he entered the Philadelphia College of Pharmacy and was graduated two years later at the age of 23. Two or three years were next spent in various Philadelphia stores, and then he was made assistant professor of pharmacy in his alma mater. In 1898 he was given charge of the course in commercial training then established in the P. C. P., and in the meantime he had been made lecturer on pharmacy in the Woman's Medical College of Philadelphia. In June, 1900, Professor Ryan resigned all his connections in Philadelphia and went into the house of Parke, Davis & Co.

The secret of a man's success is never easily analysed, but it may be said of Frank G. Ryan that he represents that rare, that ideal combination of technical knowledge and experience on the one hand, and business grasp and executive ability on the other. These qualities are all but incompatible, and he who unites them successfully has discovered a philosopher's stone. As president of Parke, Davis & Co., Mr. Ryan will be capable of understanding thoroughly every scientific detail of the vast business now confided to his care, and he will also exhibit that larger vision and that greater capacity for administration which will carry the house forward to conquests even more brilliant than those which have been registered in the past.

Mr. Ryan, accompanied by his daughter Helen, had returned from a seven months' trip around the world only a week or two before his election to the presidency. His main object was to further the interests of his house in Japan, China, and India, but he also visited Manila, Ceylon, Egypt, Paris and London. In Manila an agency was established, which adds another to the considerable list of foreign branches now conducted by the house. In London, on his way back, Mr. Ryan was the guest of honor at two banquets attended by men prominent in British pharmacy and medicine, and when he landed in New York he was greeted at a large reception held at the house of Dr. Jokichi Takamine.

PERSONAL.

DR. AND MRS. M. D. MANN, of Buffalo, recently sailed for Europe to spend the remainder of the summer in a vacation tour.

DR. WILLIAM C. KRAUSS, of Buffalo, is spending his vacation in Europe. He left Buffalo July 24, and will return to take up his professional work during the first week in October. He will make Munich his central visiting place.

DR. L. S. MCMURTRY and daughter, Miss Marie-Louise, of Louisville, sailed for Europe July 18, 1907, in the S. S. Amerika. They will be absent two months engaged in continental travel.

DR. AND MRS. JOSEPH M. MATHEWS, of Louisville, are spending the summer in Europe, traveling in company with Dr. and Miss McMurtry.

DR. G. A. HIMMELSBACH, of Buffalo, is traveling in Europe for recreation to which he will devote the remainder of the summer.

DR. A. VANDER VEER, of Albany, delivered the oration in surgery at the 141st annual meeting of the Medical Society of the State of New Jersey, June 25-27, 1907. He chose for his subject, "Some Observations on Four Decades of American Surgery—1866 to 1906." His discourse was replete with interesting data showing medical progress during these forty years.

DR. EDWIN WALKER, of Evansville, Ind., was tendered a complimentary banquet by his professional colleagues on Wednesday evening, July 3, 1907, in commemoration of his election as first vice-president of the American Medical Association. Seventy physicians were present, Dr. L. Worsham presiding as toastmaster.

OBITUARY.

GENERAL HENRY S. TURRILL, M.D., of New Milford, Conn., died early in June at the offices of the Grafton Press, New York, while dictating to a stenographer material for a book relating to the bicentennial celebration to be held at New Milford, June 15-18, 1907.

General Turrill was born in New Milford, Conn., September 8, 1842. He was graduated from the Medical School of Yale University in 1864 and was at once appointed assistant surgeon in the 17th Connecticut Infantry. Honorably mustered out of

the volunteer service in July of the following year, he engaged in private practice, but ten years later he was appointed an assistant surgeon in the regular army, with rank of first lieutenant. He was advanced to the rank of captain in 1880, and was promoted to surgeon, with the rank of major, in 1893.

During the war with Spain Major Turrill was appointed chief surgeon of volunteers with rank of lieutenant colonel. In 1902 he was made a deputy surgeon general in the regular army with the same rank. On March 28, 1906, he was appointed brigadier general and was placed on the retired list the next day.

General Turrill was a companion of New York Commandery of the Loyal Legion, of the United States; a member of the Army and Navy Club, of New York; the Society of the Department of the South, Military Service Institute of the United States, Sons of the Revolution and Order of Founders and Patriots of America. He was also a member of the American Public Health Association and a fellow of the Yale Medical Alumni Association. His wife, a brother and two daughters survive him.

SIR WILLIAM HENRY BROADBENT died in London, July 10, 1907, in the seventy-third year of his age. Sir William has been prominent in English medical affairs for many years and has been president of many medical organisations.

In 1892 he was appointed physician in ordinary to the Prince of Wales, after attending the Duke of York through his typhoid fever attack in 1891. He was also in attendance on the Duke of Clarence during his fatal illness in 1892. The following year Dr. Broadbent was created a baronet, and in 1898, on the death of Sir Richard Quain, he received an appointment as physician extraordinary to Queen Victoria. Upon the accession of King Edward, Sir William was continued as physician in ordinary to his majesty and to the new Prince of Wales. He was a Knight Commander of the Victorian Order, a Commander of the Legion of Honor and a Fellow of the Royal Society. He held the degree of LL.D. from both St. Andrew's and Edinburgh universities, and that of D.S. from Leeds University, and was the author of volumes on "The Pulse" (1890) and on "The Heart" (1897).

THE TREATMENT OF MALARIA AS FOUND IN NEW YORK CITY.—William Stump of New York, advocates the treatment of malaria by large doses of quinine given just before the expected chill so as to reach the blood at the time when the spores are thrown into the circulation and are in their most susceptible state. He uses quinine in solution, five grains for each fifty pounds of body weight, one hour before the chill, and follows with the same dose in chronological sequence.—*Medical Record*, July 20, 1907.

SOCIETY MEETINGS.

American Association of Obstetricians and Gynecologists.

THE American Association of Obstetricians and Gynecologists will hold its twentieth annual meeting at Detroit, Tuesday, Wednesday and Thursday, September 17, 18 and 19, 1907, under the presidency of Dr. Robert Tuttle Morris, of New York. Drs. J. S. Carstens, H. W. Longyear and W. P. Manton, all of Detroit, compose the committee of arrangements. An interesting program is in preparation. The following is a partial list of papers to be read:

1. The president's address, Robert Tuttle Morris, New York.
2. Intraabdominal torsion of the great omentum without hernia, R. E. Skeel, Cleveland.
3. Postoperative phlebitis, Daniel H. Craig, Boston.
4. Temporary uterovaginal fistula after panhysterectomy for fibroid of the uterus, Ernst Jonas, Saint Louis.
5. Puerperal sepsis, Charles E. Ruth, Keokuk.
6. Intestinal obstruction during pregnancy, Charles G. Cumston, Boston.
7. Some experiences relative to the causation and treatment of certain forms of metrorrhagia, Augustus P. Clarke, Cambridge.
8. Intestinal approximation or anastomosis by the use of the dumb bell, Joseph B. Bacon, Macomb, Ill.
9. Title to be announced, John B. Murphy, Chicago.
10. Title to be announced, Hugo O. Pantzer, Indianapolis.
11. The present treatment of puerperal sapremia and puerperal sepsis, J. E. Cannaday, Hansford, W. Va.
12. Deciduoma malignum, Miles F. Porter, Fort Wayne.
13. Title to be announced, John D. S. Davis, Birmingham.
14. The causation of disease, with special reference to surgical diseases of the abdominal viscera, George E. Goodfellow, San Francisco.
15. A consideration of the toxemia of pregnancy as observed by the gynecologist, R. R. Huggins, Pittsburg.
16. Pelvic, abdominal, and constitutional subinvolution, S. W. Bandler, New York.
17. Title to be announced, A. Vander Veer, Albany.
18. Title to be announced, James E. Sadlier, Poughkeepsie.
19. Tuberculosis of the kidney, with report on operations in some advanced cases, Rufus B. Hall, Cincinnati.
20. Title to be announced, John B. Deaver, Philadelphia.

21. The formation of an artificial vagina by intestinal transplantation, J. F. Baldwin, Columbus.
22. Puerperal infection, Louis Frank, Louisville.
23. Title to be announced, Charles L. Bonifield, Cincinnati.
24. Title to be announced, J. H. Carstens, Detroit.
25. Title to be announced, Walter B. Dorsett, Saint Louis.
26. Title to be announced, George W. Crile, Cleveland.
27. Lithopedion; with a report of a case of 32 years standing, H. E. Hayd, Buffalo.
28. Typhoid perforation and its surgical treatment, Joseph Price, Philadelphia.
29. The relation of the weight of the placenta to the weight of the fetus, Walter P. Manton, Detroit.
30. Title to be announced, John Young Brown, Saint Louis.
31. Title to be announced, E. Gustav Zinke, Cincinnati.
32. The indications and contraindications for myomectomy and hysterectomy in uterine fibromyomata, James N. West, New York.
33. Cases illustrating common mistakes in gynecological diagnosis, William S. Smith, Baltimore.
34. Removal of large intraligamentary fibroid tumors without mutilation of any pelvic organ; two cases, Henry Howitt, Guelph.
35. Nephrocolopexy; report of cases, H. W. Longyear, Detroit.
36. The menstrual function; its influence upon chronic inflammatory conditions of the appendix, Francis Reder, Saint Louis.
37. Premature interruption of pregnancy, John A. Lyons, Chicago.
38. Title to be announced, Walter Wyman, Washington.
39. The treatment of endometritis and allied conditions of the uterus, Charles A. L. Reed, Cincinnati.

THE New York State Conference of Health Officers will hold its next annual meeting at Buffalo, October 14-19, 1907. Every health officer in the state is a member by law and must either attend in person or by substitute. It is estimated that at least 1,200 sanitary officers will be in attendance. It is announced that Governor Hughes will attend the opening meeting. A special feature of the conference will be the tuberculosis and hygienic exhibit at convention hall, which will constitute a museum of preventive medicine showing what is being done in this state for the prevention of disease. The meeting will be held under the auspices of the state department of health of which Dr. Eugene H. Porter is commissioner.

THE Lake Keuka Medical and Surgical Association held its annual meeting at Grove Springs, N. Y., Thursday and Friday, July 25 and 26, 1907. An interesting program was dealt with.

THE Eighth District Branch of the Medical Society of the State of New York will hold its annual meeting at Buffalo, Wednesday and Thursday, September 25 and 26, 1907. Members of the society who desire to read papers are requested to send titles thereof at an early day to Dr. Lee M. Francis, secretary, 482 Delaware Avenue, Buffalo.

BOOKS AND AUTHORS.

The Technic of Modern Operations for Hernia. By **Alexander Hugh Ferguson**, M.B., M.D., Professor of Clinical Surgery, Medical Department of the University of Illinois; Professor of Surgery at the Chicago Post-Graduate Medical School. Royal octavo, pp. 366. Illustrated by sixty-two plates. Chicago: Cleveland Press. 1907. (Cloth \$4.00; half morocco \$5.00.)

Hernia is, in general, a surgical lesion. It is important that it should be considered by a surgeon of experience. In this treatise the opportunity and the man have met. Ferguson is not only one of our most skilful operating surgeons, but behind the knife he holds so deftly is a keen, discriminate surgical judgment, that makes him competent to deal with difficult questions. When to these is added the ripe experience of twenty years of surgical practice, we may understand how the author is able to prepare such a work as this. He presents the surgical aspect of hernia alone, this affording the only avenue of radical cure at least.

Ferguson divides his book into two parts, the first consisting of twenty chapters. In these he describes technic, instruments and materials used in operations, among which he gives his own technic as employed at the Chicago hospital; he gives the indications for operation, preparation of patient, surgical bacteriology, infection, sterilisation and disinfection, antiseptics and disinfectants, sterilisation of catgut, the wound and its treatment, complications and results, and results from the Ferguson method. He says at the beginning of chapter twenty that "in twenty-four years (1892-1906) I have operated for the cure of hernia in twenty different hospitals," * * * whereas he evidently intended to say fourteen years. Among those who have operated by the Ferguson method he credits John Young Brown, of Saint Louis, with 350 such operations.

In part second the author, in thirteen chapters, describes the various operations for the several forms of hernia. In chapter seven he details his own, which he calls the typic or anatomic operation. Every surgeon should study this chapter as it gives in simple straightforward language a description of the best

hernia operation that has been devised up to the present day. The final chapters deal with strangulated hernia, hernia in infants, unusual forms of hernia, and local anesthesia in hernia operations.

Surgical literature pertaining to hernia has been greatly enriched by this book; the illustrations are reproductions of original drawings from the author's collection and make plain the operations which they depict; and the entire volume is a credit to modern American surgery of which the author is one of the greatest exponents.

Rhythmotherapy, or a Discussion of the Physiologic Basis and Therapeutic Potency of Mechano-vital Vibration; to which is added a dictionary of Diseases. By **Samuel S. Wallian, A.M., M.D.** Chicago: Ouellette Press. 1906. (Price, \$1.50).

This is one of those rare bits of harlequin literature which, while garlanded with smooth phrase and lop-lidded description in an apparent effort to disguise it as a pseudo scientific bit of gleaning is, stripped of its finery and laid bare to the cold and calculating gaze of a coarse and unsympathetic reading people, little more than a business boost for a series of business concerns which are doing quite well, thank you, giving a large number of ill and near-ill people an assorted series of finely regulated jiggles. If one goes to a physician who has listened long enough to the human encyclopedias who sell them and has installed a machine in his office, the patient gets a rythmotherapeutic treatment; if the gentleman with the Willies or the lady with a knobby knee buys a fifty cent apparatus at a drug store, they take vibration themselves. The book announces itself modestly as a discussion of the physiologic basis and therapeutic potency of mechanovital vibration, to which is added a dictionary of diseases with suggestions as to the technic of vibratory therapeutics and it is "by" Samuel S. Wallian, A.M., M.D., who is bannered by the following personal and professional description on the title page: "President American Medico-Pharmaceutical League; ex-President Medical Association of Northern New York; Member of New York State and County Medical Societies; Fellow of the American Electro-Therapeutic Association; Member Medico-Legal Society; Associate Editor, Medico-Pharmaceutical Journal, Etc."

The book is copyrighted and all rights are reserved which was an unnecessary expense on the part of the author.

It may appear to the reader that an extended review of this delicate brochure is a waste of space; but there are occasions when it is merciful to wake up the unconscious victim of auto-hypnosis before he walks off the roof.

The author and member soars to heights which are beyond the ken of we poor mortals who have not learned to gaze into the crystal globe of vibratory vagaries and gives up a page of fair, white paper to such ultramarine tommyrot as "the morning stars have been singing together since the primal dawn:" "Life

is an incessant succession of rhythmic reiteration;" "Disease is an opening of a discordant stop;" "Death is a cessation of vibrant impulse. It shuts the organ manual:" "The 'Voice of Nature' is the diapason of the Infinite." And while up in the air among those sublime heights where poets dream, the member must have plucked a couple of blooms from someone's garden, for he adds: "Music is love struggling for a language;" "Love is music that has found a language."

There are many pages of argument and excuse and of megaphonic commendation of the new rhythmotherapy; there is a careless and familiar tossing about of gems of thought concerning cell and creation, and then there is the grand dive from the top of the tent into the net and we are improved by having revealed to us the mysteries of the dictionary of diseases.

The reviewer, with youth and an open heart on his side, writes not in condemnation of vibratory treatment; he merely calls attention in simple language to the fool things which may happen in literature when printing is cheap and the various little worlds in which we live go spinning about light footed with prosperity and heavy topped with fads.

A few of the diseases and some of the ideas from the dictionary will be of assistance to the young practitioner in guiding his footsteps in the right path and showing him what not to do.

The α -ray and radium may and undoubtedly will do good in carcinoma as they have in lupus; but "if vibration had been used" the failures of these comparatively new agencies might have been successes. The diseased appendix is vibrated and threatened explosions may be averted; dermoids may be dispersed by vibration; degenerations such as tabes, marasmus and tuberculosis fall beneath the onward march of the vibrator; gallstones are as putty in the hands of the vibratist—all he has to do to manipulate the liver until the duct relaxes and the stones pass; movable kidney is a mere incident to the Member, for while deprecating the fact that such cases are too frequently "turned over to the tender mercy of the surgeon's knife," he cures "many cases without resort to this dreaded expedient." Locomotor ataxia, and leucorrhea travel hand in hand in the ranks of the never-agains. Spinal applications are recommended for renal calculus as well as direct application over the site of the kidney, which may possibly be all right for a patient who has healthy kidneys, but there is an element of personal danger in trying it on a man with a renal calculus, especially if he be one of those large, coarse and muscular persons susceptible to pain. There is some good in the book; candor and a congenial tendency to truthfulness compels this statement even though it refers to the excellence of the workmanship of the half-tone plates and the colored plates showing nerve distribution, one of which portrays a gentleman patiently holding the Delsartian attitude of despair and who is gaily decorated with a fine centerpiece representing a fig leaf, which one less botanically acute than the writer might in a misguided moment

of hasty conclusion take to be a sprig of poison ivy.

A clever writer satirising present day politics had one of his characters remark: "For every little good in the world there is a deal of that's no use." As for the book itself, its chief fault is its fanatic attitude; its chief virtue, is its size—it is very small.

—N. W. W.

A Textbook of Diseases of Women. By J. Clarence Webster, M.D (Edin.) F.R.C.P.E., F.R.S.E., Professor of Obstetrics and Gynecology in Rush Medical College, in affiliation with the University of Chicago. Octavo 712 pages, with 372 text-illustrations and 10 colored plates. Philadelphia and London: W. B. Saunders Company. 1907. (Cloth, \$7.00; half morocco, \$8.00, net).

The author of this excellent textbook has come to be considered one of the most capable present-day teachers of obstetrics and gynecology. It might be expected that he would produce a good book and it needs but a careful inspection to determine the fact that he has done so. Among the many useful works of this kind, Webster's easily takes its place in the front rank. The treatise is built upon a scientific basis with a solid clinical foundation. The author has a rich clinical field to lay under contribution and he has drawn upon it with discretion. He has gleaned also from modern researches in the laboratory to make his work represent the best as regards diagnosis and treatment. The text is epigrammatic in style without superfluous verbiage, hence is compact in volume, containing the greatest amount of information in the smallest space. The 712 large octavo pages are replete with valuable material which is clearly brought out by the 372 illustrations in the text and the ten colored plates. The artists have been skilful in their work, which compares favorably with the best. It is a treatise that is likely to take a high place as a college textbook and belongs, likewise, on the bookshelves of the advanced practitioner.

A Nonsurgical Treatise on the Diseases of the Prostate Gland and Adnexa. By George Whitfield Overall, A.B., M.D. 12 mo. pp. 228, Illustrated. Rowe Publishing Co. 1906.

If one were to give rein to one's intimate fancies and consider this work as a novelty, it might be brought into that literary fold where are gathered the outputs of faddists, and to do that, would be charitable. But one needs must be serious at times, at least. However, why draw on one's reserve fund of charity when it might be better saved for a more worthy purpose. It would take the mantle of a charity organisation society to cover the sins of this book. It has one virtue—it is brief; hence not much time is consumed in tripping lightly through its pages. There are glimmering points scattered through the pages of the book which approach art; yet the thing which most appeals to one is that it is kaleidoscopic; there is science, art, some literary construction, heavy and light reading and a flavor of fiction.

—N. W. W.

Tumors of the Cerebrum. Their Focal Diagnosis and Surgical Treatment. By **Charles K. Mills, Charles H. Frazier, William G. Spiller, George E. deSchweinitz, and Theodore H. Weisenburg.** Small 8 vo., pp. 35. Philadelphia: Edward Bennock, 3609 Woodland Avenue. 1906.

An extended review of this book is wholly unnecessary because, being a model of its type, it speaks for itself, and no one who has the most casual interest in tumors of the cerebrum, their focal diagnosis and treatment, can afford to pass it by.

It is not a textbook but a collection of seven papers recently written and read before scientific bodies by men who have not their peers anywhere in the fields which they have covered in their work.

An idea of the scope of the papers may be gathered from their titles: The focal diagnosis of operable tumors of the cerebrum, Charles K. Mills, professor of neurology, University of Pennsylvania; Remarks upon the surgical aspects of operable tumors of the cerebrum, Charles H. Frazier, professor of clinical surgery, University of Pennsylvania; Cerebral decompression, with case records and photographs, William G. Spiller and Charles G. Frazier; The ocular symptoms of tumor of the cerebrum, George E. de Schweinitz; Conjugate deviation of the eyes and disorders of the associate ocular movements, Theodore H. Weisenburg; The significance of Jacksonian epilepsy in focal diagnosis with some discussion of the site and nature of the lesions and disorders causing this form of spasm, Charles K. Mills; The motor area of the human cerebrum, its position and subdivision, with some discussion of the surgery of this area, Charles K. Mills and Charles H. Frazier.

The names of these writers is sufficient guaranty of the excellence of the papers and their scientific thoroughness. The bibliography is complete and there is no lack of detail in the description of instruments and technic. The illustrations are of exceptional excellence.

Graceful indeed is the dedication of the book: "To William Williams Keen, M.D., LL.D., and Sir Victor Horsley, F.R.S., and F.R.C.S., in recognition of their great work in cerebral localisation and cerebral surgery and as a mark of personal regard and esteem this little book is dedicated by the authors."

—N. W. W.

The Rose Croix. A Novel. By **David Tod Gilliam, M.D.** Illustrated by **Ted Ireland.** The Saalfield Publishing Co. 1906.

The purely literary output of medical men has been added to by the publication of *The Rose Croix* by Dr. Gilliam, who has written a story which is intensely interesting and thoroughly absorbing. The delicacy of construction and the lack of apparent effort on the part of the author gives the book a distinction which

is relatively rare in the fiction of men whose lives have been run in scientific grooves.

There is a delicacy and a charm in the pages which one finds immeasurably agreeable and the tale is well worth the reading. It is told in simple fashion without any attempt at pretty writing, and in that lies the success of fictional authorship. The story is well sustained and the plot admirably brought through to the end of the tale. There is none of that fish-eyed fol-de-rol begot of some of the fashion plate novelists, and the dramatic incidents are rounded out delightfully without padding or windy wanderings. There's a medical interest in the story and there is a doctor, and he's the sort of doctor one will like to read about. The book is thoroughly interesting and enjoyable.

—N. W. W.

Annual Report of the Surgeon-General of the Public Health and Marine Hospital Service of the United States for the fiscal year 1906. Washington: Government Printing Office.

No more important public document is issued by the government at Washington than the reports of the public health and marine hospital service, of which the one under present consideration may be regarded as a type. This issue deals with marine hospitals and relief, sanitary reports and statistics, medical inspection of immigrants, foreign and insular quarantine, the fruit port inspection service, domestic quarantine, scientific research and sanitation, besides many other important questions. The inspection of immigrants is made by this service in nearly every port in the world, and is one of the most important functions that it performs. The reports of some of the sanitary officers concerning their inspection of fruit ports furnishes interesting as well as instructive reading. Indeed, the entire book is well worth study by sanitary and public health officers.

Essentials of Obstetrics. By **Charles Jewett**, M.D., Professor of Obstetrics and Gynecology, in the Long Island College Hospital, Brooklyn, N. Y. Third edition, thoroughly revised. 12mo, 413 pages, with 80 engravings and 5 colored plates. Philadelphia and New York: Lea Brothers & Co. 1907. (Cloth, \$2.25, net).

An excellent compend like this one must necessarily be the subject of reissue at reasonably short periods of time. The author is thus enabled to keep his work fresh, adding from time to time whatever is new if important, rejecting what may have become obsolete. Dr. Jewett is recognised as one of our most accomplished teachers, and this book of "Essentials" is accepted as one of the best of its class. Such books, in the present conditions of medical teaching, have become a necessity, hence there is no apology needed from an author who presents a scientific condensation of obstetrics, as Jewett has done. The work is likely to become a classic.

The Practical Medicine Series of Year Books. Ten volumes. Issued under the general editorial charge of **Gustavus P. Head, M.D.**, Professor of Laryngology and Rhinology in the Chicago Post-Graduate Medical School. Vol X. Skin and Venereal Diseases, Nervous and Mental Diseases. Edited by **W. L. Baum, Hugh T. Patrick, William Healy**. Series 1906. Chicago: The Year Book Publishers. (Price, \$1.25; entire series, \$10.00).

This volume covers the year's work in skin and venereal diseases and nervous and mental diseases, W. L. Baum editing the former and Hugh T. Patrick and William Healy, the latter section. The work is up to the level of former volumes of the series, and is most complete. Nothing of any value has been omitted in any of the departments. The illustrations are excellent and the descriptive matter is intelligently concise.

Transactions of the third and fourth annual conferences of State and territorial Health Officers with the United States Public Health and Marine Hospital Service, held at Washington, D. C., May 15, 1905, and May 23, 1906. Two volumes. Washington: Government Printing Office.

These two brochures bound in cloth contain excellent material for sanitarians and public health officers to study and ponder. Views were exchanged between the representatives of twenty-nine states in the one instance and twenty-two in the other on various subjects relating to public health, and the conferences reflect the highest credit on Surgeon-General Wyman who planned the meetings, as well as upon those who participated. It is important that all the states and territories shall be represented in future conferences.

The Hygiene of Pregnancy. By **Walter B. Jennings, M.D.**, Attending Physician to St. Mary's Free Hospital for Children. New York: Medical Review of Reviews. (Price, 25 cents).

A primer of this kind is capable of accomplishing much good if judiciously distributed to the laity. It is particularly designed for a woman about to become a mother, and can be read by such a person with great benefit. A physician, through this medium, may afford his patients much valuable instruction with economy of time. Jennings has written plainly and wisely. His work is deserving of high commendation.

BOOKS RECEIVED.

Diseases of the Stomach. By Dr. I. Boas, Berlin, Germany. Authorised English-American Edition by Albert Bernheim, M.D. (Freiburg, Germany), Assistant to the late Dr. D. D. Stewart at the Philadelphia Polyclinic Hospital and Post-graduate School, as Instructor in the Department of Diseases of the Stomach and Intestines. Illustrated with five full-page plates and sixty-five engravings in the text. 730 royal octavo pages. Philadelphia: F. A. Davis Company. (Cloth \$5.50; half morocco, \$7.00).

Diseases of Infancy and Childhood. Their Dietetic, Hygienic, and Medical Treatment. A Textbook designed for Practitioners and

Students in Medicine. By Louis Fischer, M.D., Visiting Physician to The Willard Parker and Riverside Hospitals, New York. With 303 text illustrations, several in colors, and twenty-seven full-page half-tone and color plates. 979 royal octavo pages. Philadelphia: F. A. Davis Company. (Cloth \$6.50; half morocco \$8.00, net prices.)

The Practice of Obstetrics. By American Authors. Edited by Charles Jewett, M.D., Professor of Obstetrics in the Long Island College Hospital, Brooklyn, N. Y. In one handsome octavo volume of 786 pages, with 445 engravings in black and colors and 36 full-page colored plates. New York and Philadelphia: Lea Brothers & Co. (Cloth, \$5.00; leather, \$6.00; half morocco, \$6.50 net prices.)

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. Edited by W. T. Longcope, M.D. Volume II, seventeenth series. Philadelphia and London: 1907. J. B. Lippincott Co. (Cloth \$2.00).

A Textbook of Practical Therapeutics, with Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare, M.D., B.Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. New (12th) edition, enlarged and thoroughly revised to accord with the eighth decennial revision of the U. S. Pharmacopeia. In one octavo volume of 939 pages, with 114 engravings and four colored plates. Philadelphia and New York: 1907. Lea Brothers & Co. (Cloth, \$4.00; leather, \$5.00; half morocco, \$5.50, net prices.)

Modern Medicine. Its Theory and Practice. In Original Contributions by American and Foreign Authors. Edited by William Osler, M.D., Regius Professor of Medicine in Oxford University, England. Assisted by Thomas McCrea, M.D., Associate Professor of Medicine and Clinical Therapeutics in Johns Hopkins University, Baltimore. In seven octavo volumes of about 1,000 pages each; illustrated. Volume II. Philadelphia and New York: 1907. Lea Brothers & Co. (Cloth, \$6.00; leather, \$7.00; half morocco, \$7.50, net prices.)

Practical Fever Nursing. By Edward C. Register, M.D., Professor of the Practice of Medicine in the North Carolina Medical College. Octavo, pp. 352. Illustrated. Philadelphia and London: 1907. W. B. Saunders Co. (Price, \$2.50.)

Treatment of the Diseases of Children. By Charles Gilmore Kerley, M.D., Professor of Diseases of Children in the New York Polyclinic Medical School and Hospital. Octavo, pp. 597. Illustrated. Philadelphia and London: 1907. W. B. Saunders Co. (Price, \$5.00.)

A Pocket Textbook of Materia Medica, Therapeutics, Prescription Writing, Medical Latin and Medical Pharmacy. By William Schleif, Ph.G., M.D., University of Pennsylvania, Philadelphia. Third edition, 12mo., 470 pages. Philadelphia and New York: 1907. Lea Brothers & Co. (Cloth, \$2.50, net.)

American Edition of Nothnagel's Practice. Diseases of the Intestines and Peritoneum. Second edition. Authorised translation under the editorial supervision of Alfred Stengel, M.D., Philadelphia. Philadelphia and London: 1907. W. B. Saunders Co. (Price, cloth, \$5.00; sheep or half morocco, \$6.50.)

Diseases of the Rectum. Their Consequences and Nonsurgical Treatment. By W. C. Brinkerhoff, M.D. 12 mo., pp. 207. Chicago: Orban Publishing Co. (Price, \$2.00.)

Report of the Commissioner of Education for the year ending June 30, 1905. Vo. 2. Washington: Government Printing office.

Twenty-sixth Annual Report of the State Department of New York for the year ending December 31, 1905. Albany: Brandow Printing Co.

LITERARY NOTES.

OUR OWN FOLKS is the title of a four page quarto leaflet published by D. Appleton and Company, New York, in the interests of the people of the house of Appleton. The issue for July is the seventh of the series and contains portraits of Messrs. Randolph, Davis, Bryant and Pridgen, managers of agencies respectively in the cities of New York, San Francisco, Pittsburg, and Atlanta. It contains much interesting material relating to the medical book trade and should be of value in promoting the sale of the publications of the celebrated house from which it issues.

THE SAINT LOUIS MEDICAL REVIEW has ceased publication as a weekly medical journal, but will be continued in a new series as a monthly magazine. It is understood that the accomplished editor, Dr. Kenneth W. Millican, has joined the editorial staff of the Journal of the American Medical Association.

THE INTERSTATE MEDICAL JOURNAL (Saint Louis) announces the purchase of the *Saint Louis Courier of Medicine*, one of the oldest medical journals in the West, and its consolidation with the *Interstate* on July 1. This merger removes from the field an old and highly esteemed contemporary, and its consolidation with the *Interstate* adds strength and prestige to that periodical. This is the fourth medical journal that has been purchased and absorbed by the *Interstate* during the past few years.

ITEMS.

BATTLE AND COMPANY, Saint Louis, have issued pamphlet, No. 2, of the series of dislocations illustrating unilateral dislocation of cervical vertebra, which will be sent free to physicians on application.

SUBSTITUTION KNOCKED OUT IN NEW YORK.—The Page bill making substitution a penal offense passed the New York Legislature after a bitter fight against it by some of the large drug concerns, who are notorious substitutors and imitators. The credit for the passage of this much-needed measure is largely due to Charles Roome Parmele of the Parmele Pharmaceutical Company New York. I will publish it in next issue with some "remarks." We congratulate the New York profession and Mr. Parmele on the passage of this righteous act.—*Texas Med. Jour.*

The bill has become a law, Governor Hughes having signed it after a hearing. We join our Texas contemporary in congratulating Mr. Parmele. The new antiseptic, germicide, and disinfectant, Chinosol, of which the Parmele Pharmacal Company is the sole licensee, is presented in our advertising columns for the first time in this issue.

WHAT is the most common instrument for carrying out the death sentence? It appears to be the guillotine, which is employed publicly in France, Belgium, Denmark, Hanover and two cantons of Switzerland, and privately in Bavaria, Saxony and also in two cantons of Switzerland. The gallows comes next, says *The Chicago News*, and is favored publicly in Austria, Portugal and Russia, and privately in Great Britain and the United States. Death by the sword obtains in fifteen cantons of Switzerland, in China and Russia publicly, and in Prussia privately. Ecuador, Oldenburg and Russia have adopted the musket, all publicly. In China, too, they have strangulation by the cord, and in Spain the garrote, both public. In Brunswick there is death by the axe, and by the electric chair in New York. In Italy there is no capital punishment.

FROM the Simmenthal region of the Canton Berne comes a story which shows that in Switzerland rusticity and good physique do not necessarily go together. The district is famous throughout the Alps for its fine large breed of cattle and its brand of milk, both of which are highly valued. It is otherwise with the human population. They are spoken of as "coffee faced and flat chested." At the last military draft eighteen young Simmenthal mountaineers were called up, and of these all but four were rejected. This result is said to be not at all uncommon in these Swiss valleys, where cattle and milk are the main sources of income. The peasant feeds himself too much on the latter and grudges himself the former.

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ORIGINAL COMMUNICATIONS.

"Our Academy" ¹

By CHARLES SHERMAN JEWETT, Ph.B., M.D.

IN casting about for a suitable subject for this address, I have gradually arrived at the conclusion that I can select none more pertinent than that of our Academy itself. This conclusion is based upon two reasons:—first, that our organisation is less effective, less influential and less successful than it should be; second, that we can and should make this Academy a power for good to the profession and to the public of Buffalo, a center for medical thought in our city, and a real aid to each of its members in the pursuit of his or her professional aims.

Our county society serves a useful purpose and we should all support it, but, until such time as the city of Buffalo is parted from the towns and erected into a separate county, the county society is unlikely to invade the field of the Academy's activities.

The various private medical clubs are admirable in their way, but, from their very organic structure, each must confine their benefits to a relatively small group of men or of women.

In my opinion this Academy should, within its own territory, be as broadly democratic in membership as is the county society. It should seek to serve the whole profession in our city. According to the new directory of the American Medical Association, Buffalo contains about six hundred and fifty physicians. Of this number probably about four hundred are eligible for fellowship in the Academy. Our resident fellowship is now 240. In other words, if we are to be a broadly representative body, we should nearly double our membership.

How are we to accomplish this? My answer would be,—by making fellowship in this Academy so valuable and so attractive that no intelligent practitioner who is eligible can afford to remain outside the fold. This sounds simple, but how is it to be brought

1. Presidential address delivered before the Buffalo Academy of Medicine June 11, 1907.

about? It seems to me that there are various lines along which we may work steadily and confidently toward this goal, and it is my purpose here to indicate several of those lines.

First, of course, the programs of our meetings should be made as valuable and as attractive as possible. This has always been done in a measure, and, during the season now closing, many of our programs have been of the highest merit. Along this line there is no need of any revolutionary change. Yet, with each new program, we may very properly seek to equal or excel the best in our past record. In this connection there comes up the annual discussion of the relative desirability of papers from our own members, and from distinguished men from other cities. To me it seems clear that there is plenty of room for both features: the ideal program would seem to be one which combines the best work of our own members with everything of real importance and value which we can secure from outside sources.

Second, we should have a bright, attractive and accessible meeting place. The gloom and ugliness of this hall are enough to sadden the members of any public gathering, and many of us believe that they have a distinct effect in preventing that full attendance which our meetings merit.

Third, we should endeavor further to promote social intercourse and good fellowship among our fellows. Closer personal acquaintance will do much in removing prejudice, correcting misconceptions, and in demonstrating to us that our professional colleagues are a far finer body of women and men than we have believed them to be. Such improved personal relations can not fail to increase our respect for one another, and thereby to enable us to work better together, both for the good of our own profession, and also for that of the community. In other words, if we knew and understood each other better we could unitedly exert a far greater influence in those public matters with which, of right, we ought to concern ourselves. The inauguration of social sessions with collations after our stated meetings has, I believe, done much to draw us together personally. Later, I hope to indicate other possible means for furthering this good end.

Fourth, the organisation of a well stocked reading room would greatly enhance the value of fellowship in this body. All of us, at times, desire access to the files of various medical periodicals to which we have no desire to subscribe. By united action we may easily have almost all of the valuable journals freely available by all our members. Such a reading room could not fail to increase our familiarity with the literature of our profession, while, incidentally, it would save us the cost of some of our less read journals. I do not overlook the admirable list of journals and the hospitality so freely offered us by the University of Buf-

falo, but, while appreciating these advantages and courtesies, I feel that the time has arrived when the medical men of our city should own and control their own reading-room. By a system of reciprocal courtesies between us and the university the values of both reading rooms might reach their maximum.

Fifth, at the earliest possible moment we should begin the formation of an Academy library. One of our fellows has recently written at some length upon this subject; I bring it up here because I firmly believe that we should have such a library in Buffalo, that we can have it, and that this Academy is the proper body to organise and administer it.

I doubt if any of our fellows will question the desirability of the various projects which I have indicated, although many of them will doubt their feasibility.

I am convinced that the time is ripe for the inauguration of a new era in the history of this Academy. As I have said to you before, I believe that the first step should be for us to acquire a home of our own.

This project has been canvassed most exhaustively by a special committee during the past year. While that committee has made and will make no definite report, I may say for its members that they are convinced of the desirability and practicability of the project, provided only that two questions can be answered in the affirmative—namely, do the fellows of the Academy wish to undertake such a project? and, second, are they willing to give it their hearty and united support? These are the questions which we should be glad to have discussed and answered.

Our permanent fund now amounts to \$4,638.65.

Our income is about \$1,012.00 annually, and increases with our membership.

We know that many of our fellows are ready and willing to subscribe to a building fund. We believe that some of our wealthy laymen would be willing to subscribe to such a fund if satisfied that our project would inure to the good of the profession and of the community. In addition to the subscriptions mentioned, we believe that many of our fellows would be willing to take second mortgage bonds of small denominations and at a moderate rate of interest.

If we are right in these beliefs, it would seem a simple matter to secure a central and accessible site. Upon this site, by alteration of existing buildings, or by new construction, we could promptly provide a suitable meeting room, a reading room, committee rooms, janitor's quarters and toilet facilities. Space should also be provided for such expansion as the future may show to be desirable. In particular, provision should be made for the erection of a fire proof library stack room.

Other points are less clear. It has been proposed that our building should have stores on the ground floor, also that our meeting hall might be rented for various gatherings when not required for our own use. On the other hand, it is quite possible that we might secure a charter as a scientific and literary institution which would exempt our property from taxation, provided that property were used exclusively for our own purposes.

Our investigations have led us to the belief that a site and building suitable for our present purposes and providing ample room for future expansion can be secured at a minimum price of \$10,000 with \$5,000 down, and the remainder on a mortgage. Of course, we could spend much more if we could get it.

Fellows of the Academy, for years I have longed to see this organisation in a home of its own, with facilities which should be adequate to its needs. I believe that the time has come when we may quite reasonably consider the advisability and practicability of some radical forward step. That step may be something entirely different from the plan outlined above, but I am firmly of the opinion that something definite should be undertaken to enhance the importance of the Academy and to render fellowship in it increasingly attractive.

The possession of a home for the Academy would enable us to have the sort of a meeting room we need, it would provide greatly increased opportunities for social intercourse, it would enable us at once to start our reading-room, and it would place us in a position where we could reasonably and hopefully plan for the organisation of our library. While thus meeting the indications which I have already pointed out, it would, I am sure, do far more.

It would give to each fellow a greater pride and a greater interest in the Academy. The institution would appear more dignified and substantial not only to its own members, but also to the laity, and this change would make it far easier for us to exert that influence which our united profession should possess in this community.

I appreciate, of course, that our prosperity and influence can not, and should not rest upon the amount of our possessions, nevertheless, I am confident that a scientific society provided with suitable quarters and with proper tools for its work can accomplish far more than one which has neither place nor equipment.

To me, however, the great argument is that the possession of a home and of proper facilities would unquestionably improve the *esprit* of our membership, that it would increase our interest in our own work and in that of our colleagues, and, above all, that it would inevitably make for better medical and surgical knowl-

edge and practice, and hence, necessarily, for the good of the whole community.

The object seems worthy, the means within our grasp. The project should not be undertaken thoughtlessly. It is, I believe, worthy of serious consideration.

In all that I have said there is no implied criticism of the Academy's past nor of its present. My sole object has been to point out certain possibilities which the future may have in store for us. I am an optimist. I believe that our organisation is destined to enjoy increasing prosperity and usefulness whether it proceed along the old and well-tried lines, or whether it undertake something more pretentious.

We can not, however, remain stationary. We must advance or retrogress. Our past has been worthy; may we not plan for a future of greater accomplishments, and of enhanced usefulness?

In conclusion, I wish to thank you, the fellows of the Academy, for the honor of having been chosen as your president, and especially for the kindly way in which you have overlooked my many short-comings as presiding officer and executive.

To the officers of the Academy and of its sections, and to the members of its various committees I wish to express my sincere appreciation of their loyal and efficient service for the Academy.

To my successor I can offer no better wish than that he may find the new council as faithful, resourceful and effective a body as that over which it has been my privilege to preside.

892 MAIN STREET.

Some Physical Defects in Children and Their Effect Upon Development.

A Plea for the Systematic Examination and Treatment of Children.

By FRANKLIN W. BOCK, M. D., Rochester, N. Y.

One of the Oto-Laryngologists of the Rochester Public Health Association.

HERBERT SPENCER said "to be a good animal is the first requisite to success in life, and to be a nation of good animals is the first condition to national prosperity." That sufficient attention has not been given to the preparation of the young human animal for its life work cannot be denied, but fortunately the many diverse opinions which have held sway so long as to the effect of various physical defects upon the development of children, are gradually becoming reconciled and more and more we are coming to believe and to know, that many of the functional and physical defects of which we used to think little and in fact often were ignorant of their existence if not the actual cause,

are at least very potent factors in retarding healthy development, physically, morally, mentally and spiritually.

Take a child with poor accommodation, who with difficulty breathes through the nose on account of some nasal disease or deformity, with a nasopharynx filled with dripping adenoids, with enlarged and diseased tonsils, with bad teeth, with a reduction in hearing or sight or with any of the other functional and physical defects which we find in children, and is it not unreasonable to expect that child to do as good or as much work as one who is comparatively perfect physically? Is it not unreasonable to expect such a child to attain to any sort of perfection in mental or moral development?

What do you do if your head aches, or your teeth ache, or you can't hear, or your eyes swim? First, you make yourself miserable and then proceed to make every one else miserable. Then someone with more than ordinary good sense says, "had you not better see a doctor?" Taking the hint you go and find you have eye strain, or a bad nasal condition, or bad teeth, or reduced hearing or sight, or some other remediable condition. You get relieved, hence feel better and act better, and when you tell about it afterward you pat yourself on the back for a long suffering martyr.

Did it ever occur to you that that morose, petulant boy of yours perhaps had one or more of the same conditions which made a bear of you? That the one who doesn't seem to get along well at school, may not be able to see without strain, or may only hear half that the teacher says? Did it ever occur to you that a child laboring under one or more of these physical handicaps had a pretty good excuse for being backward or fussy or even bad. Every physician realises how difficult it is often for an adult, with years of training behind him, to interpret the symptoms from which he suffers, due often to some seemingly simple little physical disability. Yet many of our children are being punished because they are bad, and overworked when they are backward, while every day they are tearing their little hearts out because they cannot interpret the symptom complex which is depressing them mentally, or stirring up the evil spirit within them.

We have recognised that much of the faulty social development of the child is due to bad home conditions and we have established social settlements with manual training classes and the like, where they are taught many things which go to make home pleasant; we have recognised that faulty moral development is often due to bad conditions of recreation or no recreation at all, and we have established play grounds where their ideals of recreation are led into legitimate healthy channels. Is there anyone who does not now recognise the good these institutions are doing for the individual and the community.

The lay members of the community have done much to improve the social and moral conditions of the children, but what have we as a profession done to improve their physical and mental condition? Have we a family physician in Rochester who regularly examines the children of his patrons, seeking functional and physical defects with a view of improving their mental and physical development and to prevent disease? Is there a physician in Rochester who is paid a regular amount by the year to keep a family well? This may seem like reiterating an oft repeated dream of the past, but is it unreasonable to ask the physicians of Rochester to give a little more thought to this matter of the systematic examination and treatment of children with a view of improving the race?

I am not prepared to say how and by whom this work should be done, but at any rate there is so much *to be* done that whoever takes it up, the active cooperation of every physician in the city will be needed in one way or another. An educated public opinion must first be created and who but the physicians should be the educators, the creators? At present this work is being carried on by the Rochester Public Health Association at its clinics at 32 S. Washington street, and for the sake of any who may not know, I will say that this organisation is not a part of the City Health Department, but is supported by voluntary subscription only. It was founded in 1898 on the occasion of the golden wedding of Dr. E. M. Moore, Sr., and since then it has been endeavoring by means of lectures, literature, by demonstration, and actual clinical work to disseminate knowledge as to ways and means of preventing disease as well as improve individual and the public health.

Its first clinical work was done with tuberculosis patients in the city, and a trained nurse still gives a large part of her time to visiting such patients and instructing them in personal hygiene as well as how to prevent the spread of the disease. It maintains a dental, an eye, and an ear, nose and throat clinic. The work in these clinics has gradually brought them to the position of being almost purely children's clinics. We feel that our best work is with them and if by elevating the physical, mental and moral standards of the children of Rochester, we impress upon the people the necessity of our existence, we shall feel satisfied.

It is because of my interest in this work with the children and my association in the nose and throat clinic that I wish to present today certain observations which we have made during the past few months. It must be remembered that in no case has a complete general examination been made, and the conditions noted which are not directly related to ear, nose and throat work were

discovered because of symptoms which pointed to them. I always note the condition of the teeth, and, when necessary, refer cases to the dental clinic for treatment, and almost without exception I have found it necessary to do so. I believe that among the school children of Rochester there is more than enough necessary dental work to keep a dozen dentists busy for a year. Lately I have also taken note of eye conditions and where there was the least suspicion of defect have referred them to the eye clinic for examination.

Again, these cases are not selected. Perhaps ten or twelve have been sent to us especially for ear, nose or throat examination. Of the remainder about a third were sent for eye or dental work, and I have examined them also. I have gone out into the highways and byways and invited the remainder to come in. In other words I have examined every child I could get hold of. With few exceptions the parents have been ignorant of any trouble whatever.

From January 1 to May 1, we have examined 164 children, the average age being ten years. The following conditions were found:

- 145 had enlarged tonsils.
- 9 had small tonsils.
- 136 had adenoids.
- 1 had acute tonsilitis.
- 3 had frequent tonsilitis.
- 46 knew they often had earache.
- 5 knew they had earache and deafness with every cold.
- 1 had earache and discharge with every cold.
- 18 knew they had had discharging ears at some time.
- 13 had impacted wax.
- 29 had tympanic membranes which indicated a previous acute attack.
- 1 had eczema of external ear.
- 1 had chronic purulent otitis media.
- 45 had reduced hearing from 2-3 down to contact.
- 32 had less than $\frac{1}{2}$ normal hearing.
- 3 were deaf from scarlet fever.
- 2 had noises in their ears.
- 1 had mastoid swelling with every cold.
- 1 had had an old mastoid abscess.
- 1 had acute mastoiditis.
- 22 had enlarged post-cervical glands.
- 2 had rheumatic sore throat.
- 6 had chronic laryngitis.
- 5 had chronic cough.
- 2 had whooping cough.

- 1 had asthma.
- 1 had shortness of breath.
- 6 had difficult nasal respiration.
- 1 had contracted nostrils.
- 1 had a broken nose, cartilages displaced.
- 3 had deflected septums. In two of these one side was closed.
- 1 had frequent nose bleed.
- 2 had bad nasal discharge.
- 7 had bad postnasal discharge.
- 7 had chronic rhinitis.
- 3 had chronic purulent rhinitis.
- 1 had atrophic rhinitis.
- 82 had bad teeth; these do not include about 50 who came to me from the dental clinic.
- 6 only had good teeth.
- 1 had a gum boil.
- 1 stutters.
- 1 had phimosis, $3\frac{1}{2}$ years old.
- 1 had goiter.
- 1 had goiter which became tender with every cold.
- 1 had goiter with slight exophthalmos and great nervousness.
- 1 had congenital atrophy of one optic nerve,—reduced vision in the other eye.
- 1 had traumatic blindness of one eye,—normal vision in the other eye.
- A few combinations found.
- 1 boy had a tubercular thumb joint, a tubercular right lung, enlarged tonsils, a deflected septum, and bad teeth.
- 1 girl had traumatic blindness in one eye; marked increasing deafness, enlarged tonsils, adenoids and bad teeth.
- 1 had phimosis, enlarged tonsils, adenoids and bad teeth.
- 1 had corneal scars both eyes, gonorrheal ophthalmia; reduced sight, tonsils and adenoids, enlarged post-cervical and submaxillary glands and bad teeth. Mother and brother dead of tuberculosis and one brother with it now. 12 years old, not in school for a year.

Of these cases practically 100% had some physical defect. I do not remember one child who could be considered as in first class condition. Perhaps fifty per cent. of these cases came from the north side of the city, the rest are scattered pretty evenly over the other sections so they represent a fair type of the average child in Rochester. But, for the sake of fairness, suppose it repre-

sents the condition of only fifty per cent. of our children, I think you will agree with me that here is much food for conscientious thought. It means that fifteen thousand children in Rochester are suffering from one or more remediable physical defects.

That persons with reduced hearing or eye sight, are necessarily barred from certain industries, although otherwise capable; that children thus affected are more liable to accident; that children with enlarged diseased tonsils and adenoids and bad teeth are more susceptible to infectious diseases, and that they are a most potent factor in the spread of such infection; that children of working age, because of their greater susceptibility, are frequently ill and have to stop work and thus retard the wheels of industry—these all are facts which would have to be taken into account were we to consider this matter from a politico-economic standpoint, but of greater moment at this time is the question, what influences have these defects upon the mental and moral development of the child?

I doubt if anyone could for a moment believe that one or more of these defects could result in good to the economy, so there only remains for us to decide, is their effect negative or is it bad? We have many children whose general health seems not to be affected deleteriously, of whom the parents may say "Why she hasn't had a sick day in her life." Even in these cases it is my opinion that the effect is not negative but actually bad. I hazard this statement because of the simple but quite convincing experience that I have yet to see the child, in whom the effects have seemingly been negative, who has not been better after operation than before, and I have had many such experiences. I believe that functional and physical defects always have more or less bad effect upon the moral and mental development of the child; that however well or bright or good he may be with these defects, he will be healthier, brighter and better without them. We are yet but in the early dawn of this movement but the results are so convincing that I believe honestly that the neglect of this duty is adding daily to our proportion of bad citizens.

Dr. Cronin, chief inspector of schools of New York, says: they have examined, up to September 1906, 99,000 of the 600,000 children in New York city; that 66% of those examined showed need of medical attention; that 95% of backward children have some physical defect; that their experience had been that 95% of these improve in conduct and efficiency in study after operation or the proper fitting of glasses.

Dr. Charles Bernstein, Superintendent of the State Custodial Asylum at Rome, said in a letter to me a few days ago: "Our experience with the feeble-minded in this institution has convinced

us that not sufficient attention is paid to the physical condition of children, especially as regards their eyes, noses, condition of hearing, and particularly the condition of the intestinal tract. As striking examples we can cite the following cases: A boy with favus of the scalp was very feeble-minded, and as a result of curing this disease of the scalp his mind apparently entirely cleared up. The child was taken home and appears as bright as the rest of the children. Another boy, as the result of intestinal disturbances and faulty digestion and nutrition, was entirely cured of his feeble-minded condition by clearing up his intestinal tract. A number of cases of feeble-mindedness, the result of mouth breathing, because of nasal polypus, in which the mental condition decidedly improved as the result of the removal of these obstructions. The driveling idiot type has been eliminated to a large extent by dental treatment, with a consequent improvement in mental condition. Also a number of cases where, as the result of operation for phymosis, the mental condition was very markedly altered for good. Dr. Evans of the University of Pennsylvania says: "Eighty per cent. of the truants from school are suffering from defective eyesight." Dr. Allport of Chicago says: "If the direct cause of criminality and pauperism could be accurately ascertained, I venture the opinion that the prevailing etiological factors would be physical defectiveness and social surroundings."

Now to come nearer home. What is the effect upon Rochester children? I took a list of 46 children which I had examined in four different schools and obtained the standing of each:

- 4 were excellent.
- 9 were good.
- 14 were fair.
- 10 were poor.
- 9 were very poor.

The standing in each case, with one or two exceptions, is directly related to the severity of the nose, ear and throat conditions. One child with $\frac{1}{4}$ hearing is in the good class. The five others with reduced hearing are in the poor or very poor class. The difference between the age of backward pupils and those in better standing is seen to increase steadily from the first to the eighth grade. This is the natural result of the discouragement which comes to a backward child, when he sees his more fortunate companions steadily going ahead of him, and of the increasing lack of attention which the backward pupil gets even in the best of classes.

I have lately examined a number of children in several of our schools who are known to be very backward. Every one of these needs work done very badly in nose, throat or mouth, and some

need glasses. One little eight-year old boy is a very bad case of adenoids and tonsils. This boy at three and a half could count to twenty and knew all his letters. Today he can only count three and knows only A and B of his letters. I have the promise of this boy's parents to allow me to operate upon him, and also the permission of several other of these children, so that sometime in the future, I hope to give the results of this work with these very backward children. One boy I have operated upon, but it is too early to give any results except to say that when I examined him he had both ears filled with very hard wax. It took several days to remove it all. He could hear a watch at six inches with one ear and not at all with the other. After removing the wax he could hear the watch at five feet, and the next time he saw his teacher, he volunteered the information that "he felt better."

We have operated upon about twenty of these cases, but it is too early to give any report of mental improvement if any, yet in every case the report has come to me by the child or the parents that they are feeling better than before operation, and in many cases the parents have reported marked improvement in temperament. The mother of one of the latest boys told me that he was very stupid and quiet, that the older boys picked on him all the time and set him up to all kinds of mischief, but since the operation, he wants to fight them all. The children don't understand it, but he is evidently beginning to have convictions of his own.

Gradually we are getting the mothers interested. Every mother wants her child to be as bright as the other children, and to have as good a chance, and we are explaining that their children are not having a fair chance. Several during the past week have asked for operation because of improvement in some of the older cases. But, you say, are there no exceptions? Yes, seemingly. The principal of one school was talking to me about this the other day. The pupil in question, a little girl with onesided blindness, reduced hearing and tonsils and adenoids, is exceedingly bright. The principal says, "She has improved steadily in her work during the year. Her teacher notices increasing deafness, and with it increasing eagerness on the part of the child to hear. On the other hand, her brother who is sadly in need of care, is degenerating. During the year his power to concentrate has rapidly diminished. He too is far from well. He is the "tool" for older boys, not seeming to be able to see it. I think it would be quite as worth while to find out why the girl is not affected." Cannot you see that this seeming exception is a very strong argument for the rule? Cannot you see that this girl is using up nervous energy in trying to keep up, which should be used in going ahead?

But someone says, "you throat men are tonsil and adenoid mad." Perhaps so, but so far as I am concerned, I believe so thoroughly in the advisability of removing them, that could I have a monument composed of every tonsil and adenoid in Rochester I would trust to the future for my commendation. And I believe my brother specialists feel the same way.

But let me repeat, every defect, whether it be of the eyes, nose, throat, mouth or gastro-intestinal tract adds its weight to the load which is depressing or retarding the child's mentality.

Every year the number of medical students decreases and the number of drug stores, patent medicines and quack doctors increases simply, I believe, because the physicians will not take the people into their confidence about these matters and explain to them how very much easier it is to keep a child well than it is to cure it after it is sick, how much easier it is to prevent feeble-mindedness than it is to cure the child after his mentality has begun to go.

Cannot we become a unit in this matter which is of such importance to the future of our city? What a monument to our profession! Rochester, not only the home of some of the world's greatest industries, but the home of the best cared for, healthiest, brightest and best lot of children in the country. Isn't it worth working for?

27 ROWLEY STREET.

Recumbency in the Treatment of Infantile Paralysis.

By ADONIRAM B. JUDSON, M.D., New York.

[*Author's Abstract.*]

IN the ever-changing treatment of disease the influence of environment is receiving unusual attention, as is seen in the management of tuberculosis of the joints. The influence of the lapse of time is also better understood. Medicines are given in small doses for very long periods, and the effects of time on the body are more clearly seen to influence the course of disease and the action of remedies.

In the treatment of infantile paralysis I propose a method which relies exclusively on the influences of environment and the case is likely to be seen by an orthopedic surgeon. As soon as the disease is recognised I would limit the patient to the recumbent position till there is no possibility of further recession of the paralysis. The period of spontaneous recession extends over several months. During this time the difficult task must be undertaken of keeping a child, well in every other way, off his feet at an age when he should be learning to walk. In some cases eighteen months should be occupied in this way. The common belief

that such a patient requires exercise, especially of the affected limbs, will give rise to criticism and objections. A simple argument will not prevail in the family circle, and the physician's word will hardly prevent the little patient from having many a romp. And when the case ends there will be differences of opinion. If some lameness results, it may be said that the patient should have had more exercise, and if there is no disability at all, after the strict observance of recumbency, it may be said that there had been very little the matter with the child.

The argument is as follows: It will be recalled that the ill effects of joint disease are seen more commonly in the lower extremities than the upper because tuberculous action is subject to resolution in the epiphyses of the shoulder, elbow and wrist, but often goes on to destruction of the articulating surfaces of the hip, knee and ankle. And when it is noted that the arms are free while the legs bear the weight of the body it is reasonably inferred that the joints of the lower extremities when affected, or even suspected, should be protected by either recumbency or appropriate apparatus. The conclusion is a plain proposition and needs no discussion or verification. It shares the simplicity of Jenner's argument when he traced the relation of cause and effect and prescribed vaccination. In another field Finlay, walking with his eyes open, apprehended the relation of cause and effect and prescribed the sequestration of the mosquito.

The necessity of reforming the environment of the lower extremities having been derived from clinical observations of joint disease, can practical conclusions be drawn in a similar manner from observing the course of infantile paralysis? Disability from this disease is seen eight times as often in the lower as in the upper extremities, and yet in the early stage the paralysis is found in all parts of the motor nervous system. The muscles of the recumbent patient are in very moderate use and in a position entirely favorable to spontaneous recession of the paralysis. The arms and hands retain this advantage when the patient is erect, but the impaired muscles in the legs and feet give way at once when they meet the resistance of the weight of the body. They rapidly become elongated and attenuated, and could not well be placed in an attitude more destructive of the possibility of restoration.

When prescribed recumbency shall give to all parts the same environment, recession of paralysis will be equally encouraged in the lower and upper limbs, the disproportion of eight to one will disappear, and the sum of deformity from this disease will be materially reduced.

The value of the method is thus *proved*, but it is not readily *demonstrated*. When comparing methods it is not easy to show that one is better than another. It may always be said that a case cited in behalf of a certain method may have been one that would have done well under any treatment. Tables of carefully recorded cases might lead to correct estimates, but studies of this kind are difficult and have not escaped criticism. Dr. Gaillard Thomas said with wit and wisdom that if there is anything more misleading than facts it is figures. Medicine and surgery are still outside of the realm of exact science. Therefore we welcome every logical and reasonable resource of prevention and treatment.

Passive motion, resistance exercises, electricity, massage, local applications and judicious medication should be continued. They cannot interfere with the treatment proposed, and their observance may make it easier persistently to maintain recumbency, the

53 WASHINGTON SQUARE.

A Discussion on Perineal Tears.

By JOHN EGERTON CANNADAY, M.D.

Surgeon-in-Charge, Sheltering Arms Hospital, Hansford, W. Va.

(*American Journal of Obstetrics*—Author's Abstract.)

THE author reviews the history of the subject and says, "The literature is enormous if not appalling. Innumerable operations have been proposed and practised and almost every suture devised by man has been tried; all eloquent to the fact that none of the methods are perfect. A perusal of some of the writings on the subject would tend to confuse the mind of the reader with their intricacies, but when shorn of its complexities and reduced to the basic principles of surgery a perineal tear revolves itself into a comparatively simple matter."

The anatomy of the parts concerned is taken up in detail, the author believing that a thorough understanding of this part of the subject makes the matter a comparatively simple one to the operator. In speaking of the supports of the pelvic organs the author says, "A number of widely differing views as to what factors normally enter into the support of the pelvic contents are held by the principal authorities of the world. Some hold that the levator ani with or without the aid of the other muscles is the chief power for support. Others ascribe all virtue to the fascia. Some, again, give both muscles and fascia more or less equal credit for accomplishing the work of support between them. Personally the author believes that the muscles with the fascia act as a composite diaphragm in closing the lower end of the abdominal cavity and in giving support to the pelvic organs. Of

the two factors he considers the fascia of the major importance; in the anterior abdominal wall we consider the fascia the utmost importance in the prevention of hernia. The pelvis should not be radically different." The indications for repair are given and the operation is minutely described. The author shows that the denudation outline is practically that of the capital letter M, the outline of sutures representing the letter Y. The various methods of different operators are described.

The advantages of feeding the patient on minimum amounts of albumin and of locking the bowels for two weeks in the after treatment of complete tear cases are stated.

SELECTED ARTICLES.

Some New Sedatives : Their Value Compared with That of Older Drugs.

By ARTHUR FOXWELL, M.A., M.D. (Cantab.), F.R.C.P.

Professor of Thereapeutics in the University of Birmingham, and Senior Physician to the Queen's Hospital, Birmingham.

[*Folia Therapeutica*, July, 1907.]

IN this paper I make an attempt to compare the clinical values of some of our more recent sedatives. I use the word sedative rather than hypnotic because often the more valuable use of these drugs is to procure a sedation of undue nervous irritability during the waking hours of the day rather than the induction of sleep. Sedative is the larger term, and includes the smaller, hypnotic.

Naturally, I can only speak with advantage of those drugs of which I have direct personal experience: this greatly limits my field of view, but, the better to indicate the position of these newer drugs in the general scale of sedatives, I shall include one or two older ones of whose value I, at any rate, have no doubt.

The drugs whose virtues I am about to compare are:—Codein, dionin, heroin, morphine: chloral, butyl-chloral, amylene-chloral: the bromides, bromural, bromocarpine, bromidia: paraldehyde: sulphonal, trional, veronal: strychnine, mercury.

If one considers these generally, without any reference to the special conditions of the patient, merely in accordance with their power of inducing sleep in a quite healthy person—then I would place them in this order, beginning with the feeblest:—

1. Strychnine and mercury: no action.
2. Codein, butyl-chloral, bromocarpine.
3. Amylene-chloral, bromural, sulphonal, bromide of ammonium, bromide of sodium.
4. Dionin, bromide of potassium, bromidia, paraldehyde: trional.

5. Heroin, chloral hydrate, veronal.

6. Morphine;

the dose given being the average dose for each drug.

But one example is sufficient to show the unscientific nature of this classification and the great unwisdom of exhibiting any sedative or soporific without having previously made a thorough diagnosis of your patient. Mr. —, aged 56, suffering from syphilitic phthisis of long duration, had had persistent insomnia for nine months, since the death of his wife. His brain was incoherently active in the night, but drowsy during the day: at night he rarely got more than two hours' sleep. He had tried many soporifics, including opium, but all in vain. His heart had both its ventricles dilated, his arteries were much thickened, and his tension very high. It was evident that his heart was failing, being unable to cope with his thick vessels and the high tension, the insomnia of cerebral anemia resulting. He was already on a cardiac tonic, so I merely gave him a quarter of a grain of calomel to be taken thrice daily. In a week he came again: his tension was very slightly above normal, and he had slept every night from eleven to four, on two nights dosing off again after four.

I will now briefly indicate the special value of the members of each group.

GROUP I.—To the exhausted anemic, or overworked debilitated person, strychnine is the hypnotic *par excellence*: a full dose, *m v.* to *m vij.*, given at bedtime, bringing sound and long lasting sleep followed by a reinvigorated awakening. The feeble, too easily irritated nerve cells, are toned up to a healthy disregard of the petty impulses—subjective as well as objective—which previously kept them on the rack. In medicinal doses, strychnine is far more a tonic than a stimulant, that is, it raises the nerve cell to a *permanent* level of greater efficiency.

Mercury stands in the same relation to undue high tension that strychnine does to nervous debility. But it rarely acts so quickly: twenty-four hours usually being needed to produce its effect. It has to remove from the blood the poison which is producing the unduly high tension. I say *unduly* high, for if the tension be only such as is necessitated by thickened arteries, and not one due to any toxin, then mercury will have no effect upon it, and sedation will not result.

Thus both strychnine and mercury do not act as simple sedatives by covering, so to speak, with a cloak of cotton wool, a too irritable nervous system, but they remove the cause of the irritability, and allow the system to act normally.

GROUP II.—Codein as a general sedative has little or no power. No doubt it acts as a soporific in some cases of irritable cough

with insomnia, but this action is probably due merely to its soothing action on the cough.

Butyl-chloral is another local sedative: it gives most excellent results in neuralgia of the fifth nerve, and in toothache, especially if this be neuralgic in character. For this purpose I have often given it in five grain doses, every half-hour till relief arrived, or twenty-five grains had been taken, but though it has frequently brought relief, I have failed to note any general action as a soporific, the patient's brain being just as active as before its exhibition.

Dr. Armstrong, of Buxton, first drew my attention to bromocarpin [KBr. 10 per cent., pilocarpine hydrobromide $\frac{1}{2}$ per cent.]: I have used it frequently since, where it was important that the sedative should not stop the secretions but rather increase them—*e.g.*, in gouty people. I think it achieves its purpose. I have given it in drachm doses thrice daily. As my patients were nearly all well enough to go about their daily duties it will require a far more extended observation to make any dogmatic statement concerning it. Dr. Armstrong, who had used it a great deal, spoke very highly of it.

GROUP III.—Amylene-chloral.—My experience with this drug has been almost limited to its sedative action: but on the one or two occasions on which I have given it as a hypnotic it has done well. As a sedative I give *m* 15 of the 50 per cent. solution *t.d.*; as an hypnotic *m* 30 to *m* 50. In one or two neurotic women it has acted well as a sedative, when bromides, trional, and even chloral hydrate have failed. I do not think it induces a habit: at any rate one lady who took it for two or three months gave it up gradually of her own accord without any effort. I think highly of it.

Bromural [monobrom—isovalerianyl—urea] has been tried a good deal in Germany. Bromine is not dissociated from it in the body, and its sedative effect is supposed to be due to the isopropyl group being linked with the valerianic acid: at the same time one must remember that similar compounds containing iodine or chlorine instead of bromine have no sedative action. It is claimed to have no ill-effect; that the sleep obtained by it is natural; that the patient wakes up feeling as fresh and clear as after natural sleep. I have used it a good deal during the last three months, and my own experience bears out the validity of these claims. Its action is a short lived one—two to five hours—it is, therefore, not a good drug to keep up a continuous sedative effect with, and I have only tried it for inducing sleep at night. In all mild cases I have found it uniformly successful: sleep came within the hour and lasted till the usual time of awaking. In two instances where there was a continuing source of irritation the patients woke

in four hours feeling heavy and headachy; but where the sleep lasted right through the night, no such effect was noted. This bears out the contention of the short duration of its action, the natural sleep succeeding this action allowing time for any drowsiness, &c., due to the drug, to wear off. For simple wakefulness, then, it is peculiarly suitable and I know no better drug. It also combats successfully mild forms of irritation, and is said to have even induced sleep in sciatica and tabes with lightning pains. But in severe delirium of fever, uremic conditions, the restlessness of failing heart, great mental excitement, &c., it fails. Its action is prompter than that of the bromides, sleep usually coming within the hour. The dose I have used is one or two tablets, each containing 0.3 grm.; oftener two tablets are needed. I think brom-ural has come to stay.

Sulphonal is an uncertain drug, and for this reason I have not used it much of late years. Sometimes it acts perfectly and leaves no trace behind: at others it produces no real sleep, but a persistent drowsiness, which may last 24 hours or more, temporarily spoiling the appetite, and making active mental work an impossibility. My usual dose is 25 grains, from which I have seen no serious ill effects.

The bromides are our most certain drugs for maintaining continuous sedation. Their action is slower in onset than the other drugs here considered: one to two hours being necessary to obtain their full effect. But in my experience they are without a rival in their power of maintaining mental quiet for weeks or months with little or no deleterious result, and with no tendency to induce a habit. For this purpose, five grains thrice daily is the dose I usually employ. The dose necessary to produce sleep—20 to 60 grs.—is so large, that its action is not seldom prolonged into the succeeding day, and renders the patient less apt for his work.

GROUP IV.—Bromide of potassium I have placed here rather than in Group III. as its action is distinctly stronger than that of the other two bromides, though of the same nature. This extra activity enables it to be used as a hypnotic, though the liability to be drowsy during the next day is still a drawback. Bromidia [bromide of potassium, gr. 10: chloral hydrate, gr. 10: succus hyoscyami *m* 10: tr. cann. indicæ *m* 2½ to the drachm] is a very reliable hypnotic of considerable strength: a drachm being a sufficient dose in most ordinary cases of insomnia. It acts more powerfully than the mere mixture of the chloral and bromide: at the same time it has less after-effect, and much less tendency to induce a habit than chloral alone. In doses of *m* 10 to *m* 20

t.d. it is very useful for continuous sedation, where small doses of a bromide alone are insufficient.

Dionine—ethyl-morphine hydrochloride—was introduced to English practice in 1899, about the same date as heroin. But, so far, it has not achieved anything like the popularity of the latter drug. It is much weaker in its action—gr. 1-20 heroin—gr. 1-5 dionine. But its exhibition is rarely followed by sickness or other malaise—I found this sequela three times in sixty trials. It does not lessen the respiratory activity: according to the experiments of Winternitz and Damisch it increases the respiratory exchange by 1 to $1\frac{1}{2}$ litres per minute; whereas they found heroin lessened this exchange like morphine. In a case of acute bronchitis I gave gr. $\frac{1}{4}$ dionine: this was followed by deep sleep throughout the night, with drowsiness the next morning, but there was no evidence of any bad effect on the respiration. In many cases the relief given to cough has not been marked, even where several hours of sleep were obtained: other observers find it as great a reliever of cough as heroin, especially of whooping cough and the irritable cough of phthisis. It is somewhat difficult to fit in this sedative action on cough with its action as a respiratory stimulant and further observations are needed on this latter action at any rate. It is still more difficult to agree with the dictum of Bancke, "as dionine reduces the irritability of the respiratory tract, without impairing its function, and promotes expectoration, it may be used in all diseases of the respiratory organs accompanied with irritation," for it is generally admitted that dionine produces its effect by its action on the centres in the medulla.

Dionine has not the immediate exhilarating effect which is so dangerous a quality of morphine: it does not tend to induce a habit, and has been successfully used to combat the abuse of morphine.

To sum up—the hypnotic and analgesic effect is a great deal stronger than that of codeine, but far inferior to that of morphine or heroin, in the doses at present used. Like codeine, it seems to be almost free from bad after-effects, and capable of being used freely and safely in respiratory and renal disease. Its usual dose is gr. $\frac{1}{4}$ to gr. $\frac{1}{2}$, but the smaller dose frequently only brings about 2 or 3 hours' sleep, more than 4 being the exception (in only one-third of my cases).

I would add that it is a white crystalline powder, freely soluble in water, unirritating when given subcutaneously, and therefore easy of administration.

Paraldehyde is a thoroughly reliable hypnotic of moderate strength, with no bad after-effects. When it first came out I tried

it a great deal in cases of restless insomnia due to severe aortic valve disease: it did not always succeed in obtaining sleep, but it never depressed the circulation, nor produced other malaise, so far as I could discover. That it should not always succeed in such cases is not to be wondered at, for aortic insomnia is a difficult one to remedy with anything short of morphine. The great objection to paraldehyde is its nauseous flavor, which persists for 24 hours, whether given by mouth or rectum. The dose is 3j, and a larger one is but little more effective.

Trional. Of the three drugs, sulphonal, trional, and tetranol, trional has best maintained its reputation. I have known it, in a case of hemorrhagic restlessness, act well, repeatedly, in 10 grain doses, after morphine and others had failed: we have all known it fail; and sometimes it produces alarming symptoms. But on the whole it is a reliable hypnotic of moderate strength and, in doses of 10 to 15 grains, rarely produces any untoward symptoms.

GROUP V.—Heroin.—Heroin and dionine were put on the English market about the same time—1898-1899. Dionine, for some reason or other, missed fire at first, but heroin caught on at once and has never looked back since. It certainly lessens respiratory exchange, though much less so than an equivalent dose of morphine. It soothes the respiratory tract more than the other systems of the body. It is to some extent an analgesic, though far less so than its morphine equivalent. It is not free from the opiate malaise, though this is comparatively slight; and its reduction of the renal secretions has to be carefully borne in mind.

Heroin gr. 1-20—morphine gr. 1-10—dionine gr. 1-5, is about the right ratio of dosage to produce the same general hypnotic effect; but heroin would have the best effect upon cough, and morphine would prove the best general analgesic, whilst dionine would least upset the body functions.

Chloral hydrate has gone, I think, too much out of fashion at present, just as it was too much in fashion 25 years ago. It is more to be commended as a sedative in gr. 5 doses *t.d.*, than as a hypnotic in doses of gr. 20 and upwards. Given thus, as one ingredient in a tonic prescription, it runs no danger of inducing a habit and acts excellently. In larger doses, as a hypnotic, it is apt to depress the heart, but I think it is only when given continuously that it causes anxiety on this score, or if the patient's heart be already greatly weakened by alcohol or fatty degeneration. When given for long periods no doubt it greatly lowers the nervous system and thus induces cardiac failure.

Veronal, taken altogether, is the most satisfactory hypnotic I know. Its action is sure, powerful, and unaccompanied by untoward complications. I gave a chronic bronchitic with a feeble

dilated heart, a woman of 60, gr. 5 *t.d.*, for restlessness, troublesome cough and asthmatic breathing: by an oversight it was continued for five days: the patient became semi-comatose, but the respiration was quieter and fuller and the pulse stronger: there was no stertor, the condition being more nearly allied to trance, and from it she could always be momentarily roused. Cerebral thrombosis was feared, but on removing the drug the normal waking state slowly returned and, with it, her condition was in every way greatly improved. As much as 65 grains was taken by a melancholic woman—a semi-comatose state, with stertor lasting 24 hours, resulted, and was not entirely recovered from for six days, but the pulse remained good throughout. Rarely giddiness, headache and vomiting have been noticed, as well as transient eruptions, but no serious complications.

As a simple hypnotic, 3 grains is a fair dose to start with: very seldom, except in mental cases, will more than 7 or 8 be required. But writers differ very widely as to the dose; Lilienfeld [Berliner Klin. Wochenschr. No. 20, 1903], says that only in doses of 15 grains and over is drowsiness felt the next day, whereas in two or three instances I have known rather annoying drowsiness to result from one-third this dose. Drs. Berent [Therap. Monatshefte, June, 1903], and Würth [Psychiatr.-Neurolg. Wochenschr. No. 9, June, 1903], both think it equal to double the quantity of trional. This seems to me a very fair judgment of its strength; and it has the great advantage that you can give as large a dose of it as of trional, or even a larger one. Prof. Bartholow recommends trying the two together—two parts veronal to one part trional—he says they both have a cumulative action, so that if you begin with a full dose you can lessen the amount in succeeding ones. Others deny this cumulative action. Cumulative action is always a difficult thing to determine: my own experience is as yet too limited to make a decided statement, but I am inclined to agree with Prof. Bartholow; though I do not think there is any danger of a *sudden denouement* of its accumulation, such as one associates with digitalis, but only an increasing effect from continuing the same dose. Veronal should give excellent results as a sedative, and in the few cases where I have tried it in doses of $1\frac{1}{2}$ to 2 grs., *t.d.*, I have not been disappointed. But one must try it for several months on the same patient, and on several patients, before any dogmatic statement can be made.

It is far more soluble in hot liquids than cold: hence when a speedy action is required it is best given in hot tea, milk, or water. Given thus, it should induce sleep in half an hour. The sleep is quiet and natural and, if the dose be small, no unpleasant heaviness is experienced on awaking. At the same time, it must be admitted, it is much more likely to cause this sequela than such

a drug as bromural: in fact, so far as after unpleasantness is concerned, bromural is easily first of all drugs of which I have experience.

Morphine, as an analgesic, stands alone: the others, if they produce analgesia, do so only as a part of a general drowsiness and dulling of sensation: morphine alone can assuage pain, and yet leave the intellect clear and alert. But for insomnia, apart from pain, not only are its after-effects often so unpleasant that the patient prefers sleeplessness, but its hypnotic power is not very constant, and even half a grain may produce a pleasant wakefulness instead of sleep.

Opsonins and Vaccines as Applied to Surgical Therapy.

By D. H. BERGEY, M.D.

Assistant Professor of Bacteriology, University of Pennsylvania.

[*University of Pennsylvania Medical Bulletin.*]

THE phagocytic power of the leukocytes was discovered by Leber (1888), but its great importance in overcoming infection was made apparent through the researches of Metchnikoff (1892). On the basis of the phagocytic power of the leukocytes Metchnikoff formulated his theory of immunity which has ever since stood in opposition to the more generally accepted theories, promulgated in Germany and elsewhere, in which the influence of the phagocytes is overshadowed by the destructive powers of the fluid portion of blood serum.

It was not until the discovery of the opsonins by Wright and Douglas (1902) and their demonstration of the important relation of these substances in the blood to the phagocytic power of the leukocytes that the full significance of this leukocytic function was comprehended by scientific investigators.

Though Metchnikoff and those adhering to the French school had for a long time proclaimed what appeared to be extravagant claims for the activity of the leukocytes in overcoming disease, notwithstanding the very generally accepted functions of forces evidently originating and existing outside the leukocytes, the discovery of the opsonins by Wright and Douglas attracted renewed attention to the teaching of Metchnikoff. While the French school regarded the increased phagocytic powers of the leukocytes in immune animals over those exhibited in normal animals, as being due to a direct stimulation of the phagocytic powers of the leukocyte through an immune substance, Wright and Douglas demonstrated that in reality the immune substances—the opsonins—acted upon the bacteria and prepared them for phagocytosis. The studies of Neufeld and Rimpau (1904) confirmed the opinion of Wright and Douglas that the immune sub-

stances—the bacteriotropins, as they called them—exerted their action upon the bacteria and not upon the leukocytes.

Our studies of both natural and acquired immunity have revealed to us several varieties of antibodies or immune substances in the blood in different diseases. The principal antibodies through which disease is prevented or overcome after it has become established are the antitoxins, the agglutinins, the precipitins, the bactericidal amboceptors, and the opsonins.

The antitoxins are the most important weapons of defence which the body employs against bacterial infection in those diseases in which the causative agents have the property of secreting soluble toxins, viz., diphtheria and tetanus. The organisms causing these diseases secrete a soluble toxin by means of which they induce the constitutional symptoms and organic lesions which characterise the diseases which they produce. Diphtheria and tetanus are the only diseases of human beings against which we possess efficient antitoxic sera as protective and therapeutic agents.

In another group of diseases, such as typhoid fever, dysentery, and Asiatic cholera, we are dealing with bacteria which do not generate soluble toxins in large amounts, but which have their poisons in intimate association with their body proteids. In immunity from these diseases the most prominent antibody is the bactericidal amboceptor, which has the power of uniting with the bacteria with one of its haptophore groups, while the other haptophore group unites with the complement of the blood and thus makes the destruction of the bacteria possible. These diseases are also characterised by the high agglutinating power of the blood serum upon the invading bacteria, a function which no doubt is of great importance in overcoming the infection.

In still another group of diseases we find that the blood serum acquires neither a high antitoxic, bactericidal, or agglutinating power, but that in these infections the opsonins are the most important antibodies that have thus far been discovered. The diseases which appear to belong to this class are those due to the streptococci, staphylococci, pneumococci, and bacterium tuberculosis in particular, while Malta fever, plague, gonorrhea, cerebrospinal fever, and anthrax are all of a similar character in respect to the immunity which results through recovery from the particular disease. The bacteria causing these diseases also produce poisons which are in intimate association with their own protoplasm, that is, endotoxins.

Opsonins capable of acting upon a great variety of bacteria are found in normal blood of human beings and the domestic animals. Whether these normal opsonins are different for each organism, or whether they possess a character which permits the

opsonin to act upon any type of organism, cannot be stated at present. We know that the agglutinins found in normal blood are principally of the nature of common agglutinins, while those resulting from recovery from infection are, in a large part, specific for the particular organism causing the infection. It is probable that in some respects the opsonins, normal and immune respectively, bear a similar relation to the bacteria.

The opsonic power of the blood is increased naturally as the result of recovery from infection, and it can also be increased by systematic immunisation by means of living attenuated bacteria, by dead bacteria, or by means of certain proteid constituents of the bacterial protoplasm. Since Wright has published his important discoveries the dead bacteria are now commonly employed for this purpose.

It has become customary to speak of the suspensions of the attenuated or dead bacteria as "bacterial vaccines," since this term was employed long since by Pasteur to designate his attenuated cultures employed in the protective inoculations against different bacterial diseases. Although the word vaccine is derived from "vacca," a cow, and was first used to designate the material employed to protect against smallpox, the long-established custom of calling the bacterial suspension vaccines has given the term some degree of fixity, besides which it is not altogether inappropriate to call all of the substances used for the purpose of active immunisation or protection against disease by the same name.

The results of the inoculation of the bacterial vaccines are determined by noting their effect upon the opsonic index of the blood serum of the vaccinated individual. By the opsonic index is meant the relative influence of a patient's blood upon the phagocytosis as compared with that of normal individuals.

The opsonic index of an individual's blood serum is determined by mixing in a capillary tube equal parts of the individual's serum, a suspension of leukocytes, and an emulsion of the bacteria against which the index is to be ascertained. At the same time several control tests are made with the same leukocytes and bacterial emulsion and the blood serum of several normal individuals. These several mixtures of leukocytes, bacteria, and serum are then incubated at the body temperature for fifteen minutes and then thin smears are prepared on clean microscopic slides. These smears are dried and stained, when the number of bacteria taken up by 75 to 100 leukocytes in each preparation is enumerated. If, for instance, the average number of bacteria taken up by the leukocytes under the influence of the normal serum is 20, and the average number taken up by the leukocytes under the influence of the patient's serum is 10, then, regarding

the index of the normal individual as unity, the index of the patient's blood would be 0.5.

A low opsonic index is regarded as indicating an unusually low degree of resistance against infection or the presence of infection. On the other hand, a high opsonic index is regarded as indicating either a high degree of resistance to infection, probably as the result of recovery from infection by the particular organism, or a low grade of infection in which there is insufficient opportunity for auto-immunisation to completely overcome the infection.

Some American investigators have expressed considerable doubt as to the reliability of the opsonic index as an indicator of the progress of infection, because of the variability of the results they have obtained in the study of the index of normal individuals as well as in the study of the effects of inoculations. Other investigators have not encountered such marked variations in their results, and hence they are inclined to agree with Wright and his associates that, while absolutely concordant results are not to be expected, nevertheless, the results of control tests should not vary more than about 10 per cent. It is well known that some of the investigators who have reported varying results have deviated from some of the details of Wright's technique, and it is probable that in this fact lies the chief cause for the nature of the results they have obtained.

The bacterial vaccines are prepared by cultivating the organisms on the surface of agar-agar and then flushing the bacteria off by means of normal salt solution. These suspensions of the bacteria are subjected to heat—65° to 80° C. for an hour—so as to kill the organisms. Inasmuch as the size of the dose inoculated has an important influence upon the patient and the course of the infection, it becomes necessary to ascertain the number of bacteria in a certain volume of the suspension. This is done by mixing equal quantities of blood and bacteria, and then by counting both erythrocytes and the bacteria in the same number of squares of a blood-counting cell the number of bacteria per cubic centimeter of emulsion can be calculated.

The size of the dose of bacterial emulsion to be inoculated must be governed by the patient's initial opsonic index, the extent of the infection, and also by the general condition of the patient, especially with regard to the presence or absence of fever. In persons with fever the dose should always be smaller than in those without fever. The interspacing of the doses is likewise determined by observing the patient's opsonic index. Immediately following an injection of the vaccine the index falls for a time—the so-called negative phase of Wright—to be followed in a day or two by a rise in the index to, or above, its original level

—the positive phase of Wright. Subsequent inoculations should **not** be made until the opsonic index has returned to, or above, the **initial point**.

The extent and duration of the negative phase is influenced to a large degree by the relative size of the dose administered, that is, the larger the dose given the greater is the negative phase, and the more slowly does it give way to the positive phase. Wright directs, however, that in cases where the positive phase is slow in manifesting itself and is not pronounced, it is best not to wait too long before repeating the injection, but under the circumstances he advises the administration of a smaller dose than was given at the first injection.

Wherever it is possible to do so, Wright recommends the use of autogenous cultures in the preparation of the bacterial vaccines in preference to the use of stock cultures. In the treatment of tuberculosis Wright employs Koch's new tuberculin, using 0.004 to 0.06 mgm. of the dry powder at a dose. The number of bacteria to be administered in the treatment of the other bacterial infections ranges from 50,000,000 to 500,000,000, according to circumstances. On general principles it is advisable to begin with the smaller dose and gradually increase the amount injected if the response obtained warrants such a course.

The bacterial vaccines are employed in public health work and in general medicine either as protective agents or as curative agents, and they may be employed by the surgeon on the same broad scope. While the use of the vaccines is of greatest importance to the surgeon in the treatment of certain chronic infections, where operative procedures have proven more or less disappointing, they may also be used to fortify the system against bacterial invasion in, or following, operations where aseptic and antiseptic measures cannot be satisfactorily employed.

The diseases amenable to treatment with the bacterial vaccines are: Furunculosis, carbunculosis, and circumscribed suppurating inflammations due to the staphylococci; chronic inflammations due to streptococci or pneumococci; but especially localised infections due to bacterium tuberculosis, as tuberculous lesions of the skin and bones, tuberculous glands, tuberculous peritonitis, and tuberculosis of the genito-urinary tract. In chronic tuberculous lesions, as in cases of psoas abscess, Gray (1906) directs the evacuation of the caseous material, and then follows this with injections of mixed vaccines consisting of tuberculin and staphylococcus and streptococcus vaccines. In caseous or calcareous lymphatic glands Gray follows the same procedure with gratifying results. In tuberculous lesions where mixed staphylococcus and streptococcus infection does not exist the

tuberculin alone suffices to bring about a rapid reduction in the size of the infected glands, or the arrest of the infectious process.

In the treatment of various infectious processes by means of bacterial vaccines the use of certain subsidiary measures is frequently advisable to assist the body in overcoming the infection. Massage may be employed with great benefit during the time the patient is being treated with the vaccines in order to facilitate the more active penetration of the infected area by the blood and lymph carrying the specific opsonin or in reëstablishing the flow of blood and lymph through the part. Measures to induce passive hyperemia of the infected area bring about similar results. Wright has been able to demonstrate that these subsidiary measures may prove positively harmful in the absence of treatment with the vaccines because of the sudden liberation of large quantities of poisonous substances lodging in the infected area.

The bacterial vaccines may also be employed as protective agents in surgical practice where it is evident that satisfactory aseptic and antiseptic measures cannot be instituted, or in cases where the general vitality of the patient is low and it is probable that secondary infection by the pyogenic bacteria will follow.

In operations in the mouth, as for cleft palate, where it is impossible to control secondary infection by the pyogenic organisms, it is advisable to fortify the patient's system by bacterial inoculations so as to increase his opsonic index for staphylococci and streptococci before undertaking the operation.

In diabetics and albuminurics where the general vitality of the body is low it is believed that the success of surgical procedures can be materially enhanced by first raising the individual's opsonic index for the common pyogenic organisms. In a similar way secondary infection of tuberculous abscesses may be avoided, if a course of treatment with bacterial vaccines precedes the opening of the abscess.

In some accident wounds where perfect asepsis is doubtful, and where the mutilation of the tissues makes secondary infection by the pyogenic organisms probable, the use of the vaccines appears to be clearly indicated.

In conclusion, no better advice can be given than is contained in a recent paper by Wright (*Lancet*, December 2, 1905): "It is a matter of great moment, especially in immunisation against tubercle, to employ in every case the smallest doses which will elicit a satisfactory response, to repeat the dose only when the effect of the preceding inoculation is passing off, and to increase the dose only when it becomes clear that the dose previously employed is ceasing to evoke a sufficient immunising response."

A Case of Narcolepsy.

By BERTRAM M. H. ROGERS, M.D., Oxon.

Physician to the Royal Hospital for Sick Children and Women, Bristol.

[*Bristol Medico-Chirurgical Journal*, June, 1907.]

BY narcolepsy I wish you to understand a condition in which a patient, with almost lightning-like rapidity, falls into a sleep of short duration, the condition not being one of epilepsy.

The patient in whom I observed this condition was a young lady, unmarried, of about 30 years of age. She comes of a highly neurotic stock, chiefly, however, on the mother's side. In the maternal family there are two brothers, one of whom took his own life, while the other is a confirmed dipsomaniac. In a married sister's family there is a daughter in an asylum, a son with disseminated sclerosis, another son who wanders about the world unable to settle to any definite work, but always expecting to make a fortune by some hair-brained scheme, such as a mule service between Suakim and Khartoum; another sister died of Addison's disease, and a son, after an unfortunate circumstance connected with the firing of big guns, became a hopeless nervous wreck and shot himself. In the patient's own family there are no such strong evidences of the neurotic taint, but her sisters are all of a mild neurotic type, requiring rest cures at various times for conditions produced by slight mental stress. The general health of all is good, though not robust, and their mental activity is good, all taking part in social and some in philanthropic work.

The subject of this paper is, perhaps, the most intelligent of the daughters. She has attended various courses of lectures on science or literature, takes in what she hears, and has composed short stories and plays of quite a fair standard of excellence. They are not brilliant literary efforts, but I wish to point out that her intellectual powers are not deficient; on the contrary, she is actively and constantly employed in some mental exercise, of a nature rather above the usual standard of young women who have not to earn their own living. Her general health is good, menstrual functions normal, and her visual defects have been corrected with glasses.

The first symptom noticed and complained of was occipital headache. She told me that it seemed as if someone was attempting to lift her up by her back hair. I may mention that she has a great profusion of hair: not only is it long, but extraordinarily thick; in fact, it must seem to some of us who have little of that ornament that the amount of hair many women carry must be of great weight, especially when the arrangement of it is assisted by puffs of various kinds. These headaches as a rule came on in the morning, soon after or at waking, and lasted till midday.

when they disappeared. They were very intense while they lasted, necessitating a darkened room and absolute quiet in bed. There never was any vomiting, and the retinae presented no changes. After the headache, the patient was quite well for the rest of the day; could go out for a walk, or bicycle a short distance, though a greater effort might bring on a return of the head trouble. After a week or two of almost daily headaches sudden short lapses into sleep began. What I observed was that on talking to her she suddenly stopped talking, her eyelids slowly closed after twitching slightly or screwing up of the lids, her hand went to the back of her head, the movement being as if she was in pain, and then with a slight turn of her head to the right she was fast asleep. After a few minutes, or even less at times, she opened her eyes, blinked a little, and went on with the conversation where she left off, seldom if ever losing the thread of her conversation. On waking she was sometimes rather excited in manner, but was evidently quite ignorant of her lapse into sleep. This sudden falling asleep might take place two or three times in the quarter of an hour or more that I saw her, sometimes in the middle of writing or drawing something, or even while eating. This, I was told, would continue all the morning, sometimes with headache, sometimes without, but nearly always she had a heavy sleep for an hour or two in the afternoon. By the evening she had nearly thrown off the condition, but might occasionally go off suddenly while at dinner. She slept well, almost too heavily, at night. After a few weeks of this condition she began to lose flesh, and her digestion got out of order. Not unnaturally, her parents got rather alarmed, not only about her present state, but for the future, and though I was able to assure them that there was no evidence of serious mischief at the time, I was rather anxious for the future. After a couple of months of varying degrees of somnolence she began to improve, the first symptom that began to give way being the headaches: these got less in intensity and frequency. Her parents then took her to London to see a distinguished psychologist, but unfortunately she slept and could not be aroused the whole time he was there. A short time before going to London a new symptom began to show itself—pain in the left iliac region, with a sort of spasm when the somnolent state came on. A change of treatment was suggested by the London physician, but did not appear to make much difference, the trouble slowly but surely improving. When her condition allowed her to be about more, she went abroad with a sister and nurse for three months, returning quite well, having lost all pain, all tendency to sleep at wrong times, and having put on flesh to her normal condition.

The patient continued quite well for over two years, went about in society without anyone noticing that anything had been the matter, and resumed her ordinary occupations and studies, in which she showed considerable aptitude, following them with diligence and with considerable intelligence. In fact, apart from the inherent neurotic condition, she was quite well.

The liability to narcolepsy was not, however, entirely eradicated, and, as I shall show, was only dormant, for it was re-awakened by a trivial circumstance on one occasion, and by a severe mental stress again some years after.

The first recurrence followed a slight operation which was necessary to relieve an inflamed gland in the neck. She took the anesthetic well, and recovered from it without any trouble, but on the following day the nurse told me that she had on several occasions lapsed into sleep of short duration, a few minutes or so, to wake up quite unconscious of having lost herself. This attack was of exactly similar character to the former one, but unaccompanied by headache, and of decidedly milder type. On more than one occasion she dropped off while the surgeon and I were in the room, waking up suddenly and continuing the conversation where she had ceased before her sleep. This attack lasted only a few days, but naturally caused both the family and myself considerable anxiety as to whether the condition would improve soon, or whether the patient was in for a long period of liability to the attacks as before. Before the wound healed—a week or so—she was quite well, and the symptoms of the condition passed off.

The second relapse followed, as I said, after a severe mental strain. The patient's mother, to whom she was exceedingly attached, died after a few days' illness away from home at a sea-side resort. The narcoleptic condition only presented itself once or twice. I only saw her once pass into the semi-conscious state not amounting to actual sleep. She was sitting in a chair, when I observed her close her eyes and appear to lose her balance for a few moments, recovering with the blinking of the eyes that I noticed in the first attack. Had I not known and seen the first attack, I should hardly have recognised what the nature of it was; perhaps I might have thought it a passing fainting attack, but, knowing her previous history, I have no doubt that she had a slight recurrence.

Since this time she has been quite well, and uses her brain considerably for work of all kinds, and as much as she has ever done.

I have no intention of entering any further into a discussion, or giving you an essay on this condition. A very large number of cases have been reported in medical literature differing slightly

in details, but in the main the same as the case I have just read. They are interesting cases. The conditions that manifest themselves are so peculiar and strange, and the causation and pathology so obscure, that we cannot hope to be able to explain the phenomena without further observation.

I wish only to point out that the symptoms are not in any way allied to epilepsy, a fact which writers on this condition lay special emphasis, nor is the relationship to normal sleep quite clear. Raymond, who has written on the subject, in alluding to the pathological varieties of sleep, "mentions a condition which would seem to represent the border-line between normal sleep and the unconsciousness often accompanying recognisable lesions of the cerebral structures," and perhaps this "border-line,"—a word I do not at all like—may be taken to be held by this condition known as narcolepsy. He recognises a mental hebetude and abnormal slumberous conditions associated with disordered mental activity.

Raymond's account might have been taken from my patient. He describes the condition as one in which the patient outside the usual hours of sleep passes into slumber. The sleep comes on suddenly in the midst of ordinary occupations, even he says, as in my case, during meals. He states it is noticed in subjects liable to gout, rheumatism, or obesity, or suffering from auto-intoxications. Dr. Blodgett's patient had been subject to the attacks continuously for forty years, and often had several attacks in one day. She fell into a perfectly natural sleep, and could be easily roused by a call or an unusual noise, waking up unaware that she had been asleep, though at times the state was more profound, and she realised that she had passed an appreciable interval in unconsciousness. In spite of these numerous attacks lasting over such a long time, very little mental deterioration was noticed by her friends, and it must be observed that the patient was reaching an age when some failure might not unnaturally follow.

Other writers remark on the association of this condition with a toxic poisoning—toxic poisoning is almost as blessed a word as mesopotamia—with obesity or diabetes, or deem the association of these diseases as accidental or following the same causative action; but I am inclined to accept Dr. Blodgett's remark, "No definite information upon this causation of symptoms in narcolepsy is yet available." This gentleman, in the account of his case, lays considerable stress on the neurotic history of his patient's family. In this his case agrees with mine, for in both there are the frequent manifestations of some neurosis taking one form or another.

ABSTRACTS.

Use of Adrenalin During Ether Anesthesia.

CHARLES S. VENABLE, Charlottesville, Va., says: recognising that my experience (*Virginia Medical Semimonthly*, February 22, 1907), in the use of adrenalin during ether anesthesia is but very limited, covering a course of only eighteen cases, and knowing the many fallacies attendant upon too early conclusions, I feel a great hesitancy in making this report. However, owing to the uniform result that has attended its use, I am prompted to do so now.

I found that a 25 per cent. aqueous solution of the standard 1 in 1000 gave the best results, and that by first pouring ether in the towel cone and spraying the adrenalin solution on it, depending on the ether to vaporise it sufficiently for inhalation, was the best mode of administration. Three to six minute intervals are sufficient for its use and a total of from one-half to one ounce of this solution is enough for an operation lasting from thirty minutes to an hour. The effects are a more uniform etherisation, the pulse becoming steadier, slower and of better character more rapidly than under ether alone; respirations are quiet and regular, the bronchial secretions are practically checked, and the progress of the operation is not interrupted.

These cases were not selected, and among them were old alcoholics; two women over sixty, one of them nearly eighty years of age. Three were very long tedious operations, lasting over two hours, and in none of the series was any stimulation required during the anesthesia. Recovery from the anesthetic was uniformly good; there was practically no post-operative shock, and no stimulation was needed in any one of the cases; only two patients vomited at all and very little nausea was complained of.

From the foregoing facts I conclude that owing to the contraction of the smaller vessels the bronchial glands secrete less mucus, and there is better aeration in the bronchioles and pulmonary vesicles, less ether is required to produce anesthesia and there is less probability of ether pneumonia following. The adrenalin, acting generally from absorption, is a powerful stimulant; it materially lessens shock, lessens the capillary ooze at the field of operation, and is of great benefit to the much weakened patient.

Salicylic Acid in Pathologic Conditions of the Liver.

CHARLES GILBERT DAVIS, M.D., Chicago, Professor of Surgery and Gynecology, Lakeside Post-graduate School, reports (*Thera-*

peutic Gazette, July 15, 1907), on the treatment of catarrhal cholangitis and cholelithiasis with pills similar to Bauermeister's probilin, that is, consisting of acid sodium oleate, salicylic acid, phenolphthalein and menthol.

The use of salicylic acid in pathologic conditions of the liver he began twenty-five years ago, and he found it particularly satisfactory in combination with the other drug, as a cholagogue and an antiseptic whose effect is prolonged throughout the alimentary tract. Many cases which are ordinarily considered amenable only to surgical interference can be satisfactorily treated with the pills, and he believes that under their use cholangitis, with and without stones, will ultimately cease to be a surgical condition.

He relates six typical cases in which he found the combination effective, not as a purgative pill, but more especially as a cholagogue, a concretion solvent and a biliary disinfectant. The menthol and the phenolphthalein produce and regulate intestinal activity, and the salicylic acid and the oleate have a decided antiseptic and powerful cholagogue action.

As to diet, he does not restrict the same too closely, but interdicts all foods known to be difficult of digestion, and all alcoholic beverages. The principal point to be observed is to insist that large draughts of hot water be taken with the pills, for the purpose of diluting the excretions and assisting in breaking up any concretions present.

Colloidal Silver in Bronchopneumonia.

G. BJORKMAN, A.M., M.D., Professor of Physiology, Milwaukee Medical College, says: (*An Index of Diseases*), regarding the treatment of bronchopneumonia: the bacterial trio—the strepto-, staphylo- and pneumococcus—is the main cause of bronchopneumonia. Fortunately we have a remedy with very active offensive properties to all three, especially to the streptococcus, which is the sole instigator of the severest type of bronchopneumonia,—colloidal silver in concentrated or half-concentrated solution given rectally or intravenously. The speedy descent of the fever curve is remarkable. When two or three ounces of the solution (one-third for children) is given morning and night, with hydrotherapy, bronchopneumonia sometimes loses its foothold at once and yields with a willingness comparable only to diphtheria under antitoxin treatment. This treatment should, therefore, always be resorted to, even when a case seems hopeless. The remedy should be given sufficiently long to guard against relapse and sequelæ. If there are complications, the silver treatment may not always be successful; but in uncomplicated forms, especially when the streptococcus is in the lead and the remedy is applied early, it is almost a specific. The prognostic views of broncho-

pneumonia—hitherto so gloomy—will be considerably modified if collargolum gains more popularity in the disease.

Under "Lobar Pneumonia" Prof. Björkman states: the same holds good in every respect with lobar pneumonia. Even if a direct action on the pneumococcus in certain cases is less conspicuous, the visible mitigation of mixed infection is important enough to make the remedy an indispensable adjuvant.

Prof. Björkman also warmly recommends collargol in polyarthritis, as also in the various forms of sepsis, such as in infectious tonsilitis, lymphangitis, phlegmonous processes, pemphigus neonatorum, scarlatina, diphtheria, and the like. It should be given intravenously in severe erysipelas, meningitis cerebrospinalis, perimetritis, and appendicitis.

TOPICS OF PUBLIC INTEREST.

The New State Board of Medical Examiners.

Informal Meeting June 24, 1907—Address of Dr. Andrew S. Draper, Commissioner of Education—Remarks of Dr. Rogers, First Assistant Commissioner, and of Regent Albert Vander Veer, M. D.—Regular Meeting August 1, 1907—Remarks of Dr. Lewi, Secretary—Election of Officers.

AN informal preliminary meeting of the State Board of Medical Examiners appointed under chapter 344 of the laws of 1907 was held in the rooms of the education department at the capitol, Albany, N. Y., June 24, 1907.

The meeting was called to order at 3 p.m. by Dr. Andrew S. Draper, Commissioner of Education. There were present Dr. William Warren Potter, Buffalo; Dr. William S. Searle, Brooklyn; Dr. Lee H. Smith, Buffalo; Dr. William S. Ely, Rochester; Dr. Eugene Beach, Gloversville; Dr. Floyd M. Crandall, New York City; Dr. Frank W. Adriance, Elmira; Dr. Floyd S. Farnsworth, Plattsburg; Dr. Ralph H. Williams, Rochester, comprising the newly appointed Board of Medical Examiners; also Dr. Howard J. Rogers, First Assistant Commissioner of Education; Dr. Albert Vander Veer of the Board of Regents, and Dr. Maurice J. Lewi, the recently appointed secretary to the State Board of Medical Examiners.

Dr. Draper presented each member of the board with an engrossed certificate of appointment, after which the oath of office was administered by Deputy Secretary of State Whalen.

Dr. Draper in his opening remarks called attention to the fact that this first meeting must necessarily be an informal one inasmuch as under the terms of the statute the board had no legal existence until August 1, 1907. He stated, however, that there were several reasons for calling an earlier conference: first, that

the members might become acquainted with one another; second, that there might be some understanding of the routine necessary in carrying out the purposes of the law. He mentioned briefly the considerations which had led to the appointment of the board, from the department point of view and from the legislative point of view, and spoke of the plan upon which it was hoped the work of the board would be prosecuted. "Something in this direction," he said, "had come to be inevitable. The doctors had tired out the legislature and the legislature had made up its mind that it would do something drastic some day to put an end to the eternal fuss that was coming up from the doctors. The fact had come to be pretty clear that either there had to be more examining boards or less, and that it was hardly feasible to go on indefinitely multiplying examining boards; also that the state to the fullest measure possible ought to avoid entanglements with the different schools or representatives of the different schools in medicine.

It came to be pretty clearly understood by the department some time ago that the functions of a state examining board,—the protection of the public and the integrity of medical practice,—would be very well met when the state should see to it that every candidate for medical licensure should be possessed of moral character and of scientific attainments, which should qualify him for dealing with the salient hurts and ailments to which humanity is subject. In any event, for weal or woe, the state has determined to try the experiment of barring all candidates for medical practice who do not show moral character sufficient to merit the general commendation of the state, and scientific knowledge which is adequate to the protection of the people of the state. The association of the various members of the board with different schools of medicine is a matter of indifference to the department.

This board has been made up by the Board of Regents after careful, painstaking discussion of the whole subject. It is no small compliment to the physician in practice to have received an appointment upon this initial board of medical examiners. I congratulate the department and the board upon the selection of Dr. Lewi as the secretary of the board. He has had large experience in medical examinations work and we shall feel very much safer with the knowledge that he is to have charge of the details, than we would if any stranger to medical examinations work were to assume the charge of these endless details which are associated with the protection of the medical profession, and the examination of those who are coming along all the time seeking admission to that profession.

We ought all to work together without fear and without favor, pursuant to a determination to agree upon policies which will be for the uplifting of medical practice in this state; which will hold out a fair and square deal to all, without reference to their previous affiliation or their professional beliefs. There is no profession for which I have so complete respect when it is represented by men of integrity and reasonable learning and considerable experience. On the other hand there is no profession so peculiarly subject to the barnacles of charlatanism of every conceivable kind, and there is no man for whom I have such complete contempt as for the man who lacks in learning and lacks in moral sense, yet masquerades under the garb of this profession.

These appointments have been made with the expectation that all the members of this board will cooperate to execute the law in all good spirit and purpose, to the end that the practice of medicine, so far as any act of this board can make it so, shall stand upon a solid and substantial moral and scientific footing."

Dr. Ely in responding on behalf of the board said: "I am sure all the members of the board have listened to these remarks with a due appreciation of what has been said, and that we have all come together to work in the interests of this bill. While there has been a great deal of discussion in the papers with respect to this matter, we are going to work out the problem to the great credit of this state. There will be no sectarian feeling among us you may be sure. We shall all join together heartily and make the success of this measure our most profound endeavor.

As one who has known the secretary of the board and the work he has done in the past, I feel that we are under great obligations to the regents for having reappointed Dr. Lewi as secretary, and I am sure that he will give to the new members of the board all the help and assistance they will need in the beginning of the work."

Dr. Vander Veer, on behalf of the regents, congratulated the board on the full attendance at this initial meeting and expressed the hope that they would work together harmoniously so that the public would look to the board as working for the good of the profession at large.

Dr. Rogers stated that the main reason for calling the board together at this time was for the purpose of securing questions for the September examination, which it was necessary to arrange for at once, with the additional object of having the members take the oath of office and get acquainted with one another.

Dr. Lewi explained the manner of making up the question papers and the necessity for the early submission of questions, and

asked that 25 questions in each topic be submitted by July 1, for the September examination.

REGULAR MEETING AUGUST 1, 1907.

A regular meeting of the State Board of Medical Examiners was held at the capitol, Albany, August 1, 1907.

Dr. Lewi, in calling the meeting to order at 12 o'clock noon, spoke informally as follows touching his appointment as secretary of the board:

Gentlemen: The kindly words of praise spoken by the Commissioner of Education at the preliminary conference of this board, together with the equally pleasant response to the commissioner made by Examiner Ely, call for my respectful expression of thanks. I trust in my position to merit a continuance of the approval of those who have been good enough to honor me with their confidence. I believe a golden opportunity presents itself to the members of this board. Knowing no creed in medicine, having no internal battles to wage, we should present a united front as servants of the state and should thus be able to do yeoman service in its behalf. We surely have come to a time in medicine when the study of the subject in all its ramifications should have for its prime purpose the prevention rather than the cure of disease. If you as a board of examiners can so fashion your work as to instil into the minds of the medical teaching profession the thought that the thorough study of sanitation, hygiene, physiologic chemistry, bacteriology and pathology are the essentials for the successful physician, advances along these lines will be made by the teaching bodies and the interests of the state will be splendidly served because thereof.

A number of years ago, I suggested that the regents of the University of the State of New York create the title of Doctor of Sanitation, and that, through a board of examiners, examinations be conducted for passing upon the qualifications of such as would earn this distinction. I am still of the opinion that such a procedure would be wise, and that in this connection the legislature of the state of New York should be asked to enact a law which would bring it to pass that on and after a date, not too remote, no person could serve as health officer unless he be a doctor of sanitation. If in the state of New York there were today a scientific and experienced hygienist in every hamlet, village, and city, there is no question but that diseases which are of daily occurrence could and would be prevented. This suggestion is made without any disrespect to the existing health officers of the state, but with a view solely to placing on guard at every vantage point men who will prove competent to serve the state as equipped

sanitarians. I am pleased to state that Dr. Rogers is at one with me in this suggestion.

I trust that the work of the year will be congenial to all the members of the board, and I herewith notify you severally and collectively that my services are at your disposal at any and all times.

Moved by Dr. Smith and adopted, that a committee be appointed to consider the suggestion made by Dr. Lewi and to report at a future meeting.

The chair announced as this committee Drs. Smith, Beach, and Ely.

Dr. Adriance offered the following resolution, which was unanimously adopted.

WHEREAS, at an informal meeting of the State Board of Medical Examiners held in the office of the education department, June 24, 1907, a tentative assignment of topics was made to the various members of the board by the education department, which division of topics seems to have worked harmoniously and to the satisfaction of the board of regents and the board of medical examiners,

Resolved, That this assignment of topics be confirmed for the academic year beginning August 1, 1907, and that the subjects and the examiners therein be as follows:

Anatomy.....	Dr. Ely
Physiology.....	Dr. Williams
Hygiene and Sanitation.....	Dr. Beach
Chemistry.....	Dr. Farnsworth
Surgery.....	Dr. Crandall
Obstetrics and Gynecology.....	Dr. Potter
Pathology.....	Dr. Smith
Bacteriology.....	Dr. Adriance
Diagnosis.....	Dr. Searle

Dr. Crandall offered the following resolution which was unanimously adopted:

WHEREAS, At an informal meeting of the State Board of Medical Examiners held in the education department, June 24, 1907, a question committee consisting of Dr. Smith, of Buffalo, as chairman, Dr. Potter, Dr. Adriance and Dr. Williams was appointed,

Resolved, That this action be confirmed and that the question committee be continued for the academic year beginning August 1, 1907, as follows: Dr. Smith, Dr. Potter, Dr. Adriance, Dr. Williams.

The secretary read a communication from Dr. Howard J. Rogers, first assistant commissioner of education, transmitting for the consideration of the State Board of Medical Examiners, charges of the Medical Society of the County of Erie relating to the registration of William W. Turver, now serving a sentence in Auburn state prison, asking that it be annulled. The papers, including a certified copy of the judgment of the court, were referred to a committee for investigation, under subdivision *c*, section 11, of chapter 344, laws of 1907.

The secretary submitted a draft of rules and regulations for the government of the board, which was unanimously adopted.

Dr. Potter read a letter from the council on medical education of the American Medical Association asking that a delegate from New York be appointed to represent the board at the next conference.

Moved and carried that Dr. Potter be appointed a delegate to represent the New York State Board of medical examiners at the next conference on medical education of the American Medical Association.

The election of officers for the academic year beginning August first, resulted as follows: president, William Warren Potter, Buffalo; vice-president, William S. Searle, Brooklyn.

Adjournment, sine die, was then taken.

To Prevent Substitution.

G OVERNOR HUGHES has signed the amendment to section 401 of the penal code of the state of New York, which, it is believed, will put an end, practically at least, to the pernicious practice of substitution of physicians' prescriptions on the part of druggists. The new law reads as follows:

Section 401. Any person, who, in putting up any drug, medicine or food or preparation used in medical practice, or making up any prescription, or filling any order for drugs, medicines, food or preparation puts any untrue label, stamp or other designation of contents upon any box, bottle or other package containing a drug, medicine, food or preparation used in medical practice, or substitutes or dispenses a different article for or in lieu of any article prescribed, ordered or demanded, or puts up a greater or less quantity of any ingredient specified in any such prescription, order or demand than that prescribed, ordered or demanded, or otherwise deviates from the terms of the prescription, order or demand by substituting one drug for another, is guilty of a misdemeanor; provided, however, that, except in the case of physicians' prescriptions, nothing herein contained shall be deemed or construed to prevent or impair or in any manner affect the right

of an apothecary, druggist, pharmacist or other person to recommend the purchase of an article other than that ordered, required or demanded, but of a similar nature, or to sell such other article in place or in lieu of an article ordered, required or demanded, with the knowledge and consent of the purchaser. Upon a second conviction for a violation of this section the offender must be sentenced to imprisonment, for a term of not less than ten days nor more than one year, and to the payment of a fine of not less than ten dollars nor more than five hundred dollars. The third conviction of a violation of any of the provisions of this section, in addition to rendering the offender liable to the penalty prescribed by law for a misdemeanor, shall forfeit any right which he may possess under the law of this state at the time of such conviction, to engage as proprietor, agent, employee or otherwise, in the business of an apothecary, pharmacist or druggist, or to compound, prepare or dispense prescriptions or orders for drugs, medicines or foods or preparations used in medical practice; and the offender shall be by reason of such conviction disqualified from engaging in any such business as proprietor, agent, employee or otherwise, or compounding, preparing or dispensing medical prescriptions or orders for drugs, medicines or foods or preparations used in medical practice.

SECTION 402. This act shall not affect or impair any liability, penalty or punishment under the provisions of section four hundred and one as the same existed prior to the time this act takes effect, but the same may be enforced, prosecuted or inflicted as fully and to the same extent as though this act had not been passed; and all actions civil or criminal instituted under or by virtue of said section as the same existed prior to the passage of this act, and pending immediately prior to the taking effect hereof, may be prosecuted and defended to final effect in the same manner as though this act had not been passed.

SECTION 403. This act shall take effect September first, nineteen hundred and seven.

The Secretary of a County Medical Society.

By J. B. DONALDSON, M.D.

Secretary of the Washington County (Pennsylvania) Medical Society.

[*Pennsylvania Medical Journal*, December, 1906.]

SHOW me your secretary, and I will tell you whether your society is a success or a drag. If he is prompt, active, and energetic, the society is bound to be a good one. I firmly believe the society is just what he sees fit to make it. Let me qualify this statement; I am speaking of the rural societies, not of the counties that contain large cities where they have a committee on pro-

gram, and the like. I do not want to appear egotistical, and hope you will pardon me for alluding so frequently to my own society, but I know what has been done there, and know the material to do it with.

This is an age of organisation, and the profession has awakened to the necessity of doing something along these lines, but the average doctor is a mighty hard man to get interested in anything, especially in a scheme that he thinks will take his time. And, again, he feels that, if Dr. So-and-So is going to run the society, he "won't play." I often have men tell me, "Well, if Dr. Blank is a specimen of your society, I want none of it in mine." Such men are rapidly becoming extinct, thank the Lord, and in a few years they will all be dead or have joined the ranks of the irregulars, where they belong. They remind me of Sam Jones's lecture in which he rips the hypocrites up the back in about this language: "You old Presbyterian brother, out there, that won't speak to your neighbor when you meet him on the road, why, the only reason you ain't in hell is because you ain't dead." And it is so. The doctor who won't speak to his confrere is rapidly becoming extinct. The young men are not trained along these lines. Why, you and I were taught to hate a homeopath like a snake. Our professors were men of these strong likes and dislikes, and did *us* much harm by teaching it. It takes a broad man almost a lifetime to get such stuff out of his head.

The secretary must be a diplomat, and a busy man. To him will almost all grievances come, and it is up to him to pour oil on the troubled waters. You can generally bank on the average kicker not being very familiar with the rules of his society, and he generally writes the secretary for instruction, or for a copy of the by-laws, for he is sure to have mislaid his copy. Answer his letter promptly, but don't hurry up the by-laws if his point is too well taken. A little time soothes a whole lot, and he won't be quite so mad next week.

As to answering letters, a secretary should *never* allow a letter to remain over night unanswered. It is simply damnable the way the average doctor treats his correspondence. He pays about as much attention to it as he does to his prayers. He will not answer at all if it is possible to get out of it. Every secretary here will bear me out in this, I know. But for a secretary to be careless in this respect is simply unpardonable, no matter how trivial the request may appear to you. Let your work be systematic in every respect. Your notices must always come out on time. They should be neat and attractive in appearance. *Don't* send out postal card notices. You don't use postal cards in your own correspondence, and why should your society? We use a

sheet, that we have printed for us at the beginning of the fiscal year, with quite a lot of information on it, as a sort of letter head. These are printed on one side only, in bulk, and are used for the programs each meeting, leaving a space for writing a few lines if needed. The difference in cost is trivial, and well worth the money. Neater designs will occur to many of you, but I think the idea a good one, and I have been flattered to have men from our own and other states thank me for the idea, which they had adopted. The practitioner is a busy man. His mind is not on society work, and you must keep him posted. You can do it in this way. Tell him every month when the state society and the American Medical Association meet and where. He won't mind it from one month to the next, but keep on telling him. Tell him who the officers are, how many members you have, when you were organized, and such other information as may occur to you that every medical man should know. Keep before him all the time how a man may become a member of the society and what he gains by so doing. By and by he will absorb these things and be proud to tell his folks.

For your secretary always pick a busy man. It is a mistake to say, Dr. Blank does not have much to do, and will make a good secretary. The busy fellow is the chap you want. He does not get weary half as soon as the idle fellow, who generally does not have time to answer his letters or pay his bills. Pick a young man if you can with the requirements, but don't turn him down if he happens to be fifty and busy.

Once a society gets a good secretary keep him at it until he begins to flag, then turn him down. Many a good society is kept in the mediocrity rank because they don't like to hurt the old secretary's feelings. It is a mistake! Fellow secretaries, as soon as you feel that you can't keep up the pace, resign! Keep up the interest in your meetings by having a strange speaker every time. The element of curiosity helps bring some. But don't neglect bringing out the young bashful talent of your own men. Make them and everybody else think the program depends largely on them. It is easy if you get them going once. Every society has men that will surprise you if by a little urging you get them interested. Don't have too much on your program. "Enough is as good as a feast," and, if your men go away tired, they don't carry home with them the feeling of satisfaction that you want. If the county is a large one it may be of advantage to have one or two meetings each year in some other town than the regular meeting place, but our experience is that it does not do much good. Men get in the habit of going to a certain place and will not be pleased elsewhere.

Have an attractive place to meet. We have furnished for us by the county, in the court house, a beautiful room, adorned with portraits of our ex-presidents and noted dead.

As to the number of meetings each year, that can not be arbitrarily arranged. We meet bimonthly now, having increased the meetings from three to six per year.

A secretary must of course never miss a meeting. Nothing short of real sickness in his family should justify his absence.

You run the risk, in taking the initiative in almost every movement that your society makes, of having the knockers say, "We have a little too much Donaldson (or whatever your name is) in our society." The only remedy for this is, like Davy Crocket, to "be sure you are right, then go ahead." The knocker you always have with you, and he often is productive of much good in helping to keep you in bounds. Make an ally of that chap as fast as you can. Make him *particeps criminis*. He is often a good fellow in disguise. If I were making a scientific diagnosis of his case, as a rule I would say he is suffering from dementia, paranoia, or more frequently dementia praecox.

Never allow your minutes to remain unwritten twenty-four hours after a meeting. I have known minutes of county medical societies to remain unwritten for over ten years. Imagine the consternation of that secretary when called to produce the minute book; for the knocker finally got up the courage to demand it of a superannuated secretary, who should have been retired after his tenth year. You say, "Why, you expect a secretary to be immaculate!" and "Such men are impossible!" Not at all. First of all, your heart must be in the work, or don't take it. If you accept the office, put into it your whole heart, mind, and energy, and success is bound to follow. Put into it the same kind of work and brains you do in your business. Don't flag at any one point; if you do, you will make a failure. It is a pleasure to feel that you are the instrument of doing much good for your fellow doctors. The greatest pleasure of my life is to be in the society of the doctors of my community and state. About all the vacations I ever get are at the meetings of this and kindred societies, where I renew old acquaintances and form new ones that are a joy to me. And why shouldn't I enjoy these? They are the best fellows on earth; all you have to do is know them.

A secretary should never miss a meeting of his state or the national society. If possible be one of the representatives in its executive body. You will learn much as to how to deal with men. Belong to all the medical societies you can get into; attend and take part in them.

There is much that might be said as to the duties of a secretary, but it would be impossible to cover the ground in a five minute paper. To sum up the requisites of a good secretary, let me say briefly, and in conclusion, as the preachers say, use your brains, and if you don't have many, work what you have to the limit, and you will get results.

Anything will do for a president of a society, but not so as to the secretary.

A. Ernest Gallant of New York believes that weight of clothing and compression at the waist line at and after puberty have an important effect on girls in producing movable kidneys. The author has reviewed fifty cases and made careful measurements and finds abnormalities in the length of the trunk, as shown by the distance between the suprasternal notch and upper border of the symphysis pubis, and deviation from the normal relation between the circumference of the waist and hips at the trochanters. There is hollowing of the epigastrium and bulging of the hypogastrium. A respiratory rise and fall of the greater curvature of the stomach may be seen in thin-walled subjects. Displacement occurs frequently after child-birth and should be remedied by a firm abdominal binder and exercises while in bed. Prolapse of the colon and stomach are generally associated with that of the kidney. These conditions are not remedied by operation. A properly shaped corset, put on before rising, in a semi-opisthotonos position, makes the patient comfortable and prevents complications.—*Medical Record*, July 27, 1902.

Chas. A. Rosenwasser of Newark, N. J., speaks highly of the value of apomorphine as a sedative and hypnotic in cases of acute alcoholism. It occurs in two forms, the amorphous and the crystalline, of which the latter is preferable. The usual dosage is from 1-30 to 1-10 grain hypodermically. A very few minutes after administering an emetic dose by hypodermic injection, vomiting occurs, due to the action of the drug upon the vomiting center in the medulla. Just before vomiting the pulse is weakened and increased in frequency, and after vomiting ceases it becomes stronger and slower, often stronger and slower than it was before the injection was given. Vomiting is preceded by salivation and slight nausea. It may occur only once, or be repeated several times. Very soon after the vomiting subsides, a matter of a few minutes in most cases, the patient falls into an apparently natural sleep, and may sleep for from two to eight hours, awakening refreshed, sober, and rational in most cases. It is not necessary, however, to give the emetic dose in order to obtain the hypnotic effect, and in many cases 1-30 grain will induce sleep.—*Medical Record*, July 27, 1907.

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

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No. 2

Hygienic Kitchens.

DR. ERNEST WENDE, during a former term as health commissioner of Buffalo, rendered the city and indirectly the country at large a great service when he put out of commission the deadly long tube nursing bottle. Almost immediately after the abolishment of this innocent looking but disease breeding tube, infant mortality fell to a nominal rate in this city.

The recent crusade that Health Commissioner Wende has made in the interest of hygienic kitchens is next in importance, in our view, to the long tube nursing bottle campaign. The disclosures made by the health inspectors relating to kitchens and their environment in hotels and restaurants, are such as to create astonishment on the part of the general public, who of necessity patronise them. While it is a comfort to learn that many hotels and other places where food is served were found to be in a cleanly condition yet, on the other hand, to be informed that so many were not only unclean but even filthy, was astounding, some of these too taking rank as first-class establishments.

That serious sickness, more or less wide-spread in character, has not resulted from the neglect disclosed by the inspection, must be more a matter of good luck than otherwise. When it is recalled that in many of these kitchens and ice boxes were found decomposing fish, decaying vegetables, spoiled meats, and tainted milk, one is inclined to exclaim, having in mind the official work of Dr. Wende and his assistants, for this relief, much thanks!

It is scarcely to be comprehended that, in this day and age of improved sanitation and with so many appliances that make for cleanliness and safety, intelligent men and women in charge of kitchens from which food is served to the public should need

the stimulus or prodding of sanitary inspectors to compel them to keep their houses in order. Every landlord, steward, or superintendent of a hotel, club, restaurant or other place where food is sold to the hungry traveler, should make daily inspection of his kitchens and other rooms where food is cooked, stored or served, to see that they are kept in perfect sanitary condition and that frequent coats of whitewash are administered to the ceilings and walls.

Scarcely more important than the foregoing is the suppression or elimination of flies, these daily carriers and distributors of infection. We shall not enter into a general discussion of this question at this time, but shall content ourselves with a quotation from an interesting little brochure on Healthy Summer Homes, written by Dr. W. S. Searle, of Brooklyn, in which he deals with this question as follows:

Still worse as carriers of disease are flies, and they are the most ubiquitous as well as iniquitous pest of this climate, if not in the world. Especially fond of all decaying substances, vegetable or animal, they light and feed upon them, and then, upon our food, carrying all sorts of bacteria and distributing them wherever they go, much as if the farmer should tramp into the parlor in boots that he has worn all day in the barnyard.

Thorough and effective screening, especially of the kitchen and dining room, with death by violence or poison of such as evade our constant vigilance, is absolutely essential to healthy summer homes.

We hope Dr. Wende has given an object lesson to the inhabitants of Buffalo, and especially to the proprietors of hotels, restaurants and eating houses, that will last them a long time. We expect to return to this subject in the near future, giving it more emphasis in detail.

Dr. James E. Pilcher, President of the Fifth Censorial District Medical Association of Pennsylvania.

AT the second annual meeting of the Fifth Censorial District Medical Association, of Pennsylvania, held at Mount Holly Park, Pa., on August 13, the district comprising the counties of Adams, Cumberland, Franklin, Fulton and York, Major James Evelyn Pilcher, editor of the *Military Surgeon*, the world's authority on military medicine, was elected president. The honor conferred on Dr. Pilcher is well deserved for he has labored unceasingly for the success of the organization which has chosen him as its executive head. His well known activity will give the association an administration which will place it in the front rank

of Pennsylvania medical societies. Dr. Pilcher's address on taking the chair was characteristic. He accepted the office and proceeded to a speech of welcome which was delivered in that quaint and open face style of oratory for which he is famous. He figuratively opened his arms and gathered in the whole medical profession; and he had not been talking two minutes before the members of the association realised that they had not only elected a brilliant man as their president, but one who would make the organisation an instrument for the betterment of the profession in the district. Dr. Pilcher's administration will be one of satisfying success and the JOURNAL congratulates the Fifth Censorial District Medical Association on selecting him as its president.

Folia Therapeutica.

THE second issue of *Folia Therapeutica*, a journal devoted wholly to therapeutics, has made its appearance and bears out all the promise made in the first issue. As announced by the publishers it is a "periodical journal relating to modern therapeutics and pharmacology for medical practitioners," edited by A. Baginsky, M.D., professor in the Medical University of Berlin, and J. Snowman, M.D., M.R.C.P., of London.

The first impression one receives on taking up this publication is its quiet dignity and the solidity of its contributions. There is new and interesting material on every page and what is more important and gratifying the articles are short, direct and meaty. The authors have a statement to make and they make it without spraddling over several pages of explanation. A resume of the contents of this number of *Folia Therapeutica* will give an excellent idea of its scope and its value. The leading article is a Berlin letter contributed by Prof. C. A. Ewald, and this is followed by a series of original articles: Fuming inhalations in asthma, Sir James Sawyer; On the course and treatment of arteriosclerosis, Prof. Herman Senator, Berlin; Iodipin in the treatment of tertiary syphilis, G. G. Stopford Taylor, Liverpool; On the treatment of gonorrhea in the male, Arnold Edwards, Manchester; Theory and application of the hyperemia treatment of Bier, Dr. V. Schmieden, Bonn; The treatment of psoriasis, Frank H. Barendt, Liverpool; Dionine in ophthalmic practice, Karl Grossmann, Liverpool; Some views on the hydrotherapeutic treatment of a few constitutional diseases, Prof. L. Brieger, Berlin; abstracts from articles on therapeutics; reviews of books on therapeutics; current literature on therapeutics.

The journal is most excellently edited, it is well printed and the illustrations inserted are of exceptional character. *Folia*

Therapeutica is one of the most valuable publications of its kind in the English language and should have a wide circulation in this country. It is published quarterly by John Bale, Sons & Danielsson, 83-91 Great Titchfield street, Oxford streets, W. London, Eng.

GOVERNOR HUGHES has rendered the medical profession of the state of New York yeoman service, by his veto of the optometry bill which was passed by the last legislature. For several years previously this bill has been defeated, either in committee or in one house or the other, through the combined action of the legislative committees of the several state medical societies; but this year the legislature yielded to the importunities of the opticians. The governor filed the following memorandum with his veto:

It is the intent of this bill that the board of examiners in optometry, to be appointed by the Board of Regents, shall be selected from those nominated by the Optical Society. It is also provided that the prescribed course of professional study in schools of optometry shall be had in such schools as maintain a standard satisfactory to the board of examiners. These provisions remove from the jurisdiction of the Board of Regents matters which it is important should be placed in their control. If the practice of optometry is to have the recognition and regulation contemplated by this bill the appointment of examiners should not be limited to those nominated by a particular society, and the determination of the standards of professional schools should be unequivocally left to the proper state authority. This is the policy established by the law enacted this year regulating the practice of medicine, and in my judgment it is unwise in legislation along similar lines to adopt a different principle.

(Signed)

CHARLES E. HUGHES.

SEVERAL of the larger and stronger old line insurance companies have restored the usual medical examination fee of \$5.00, which was lowered two or three years ago in the interest of so-called economy. These organisations evidently have learned that it is no economy to cheapen the services of their medical examiners in this manner. Their action in returning to the former custom is commendable, and it is to be hoped that companies representing other forms of insurance will follow the good example set by these standard companies.

"OLD HOME WEEK" is just beginning, as this issue goes out to the mails. Buffalo is full of visitors who sometime claimed resi-

dence here, or who are otherwise interested in visiting the city to witness its growth and prosperity, but especially to be present during the festivities incident to a week of holiday display and entertainment. Main street is elaborately decorated and many private residences in other streets and avenues have put on holiday adornment. Labor day leads off with its elaborate parade, and other special days, including the dedication of the McKinley monument, contribute to give variety and interest to the week. There is music by day and fireworks by night. 'Tis well!

THE sudden death by drowning of the Rev. Arthur S. Mann, a missionary at Kuling, China, caused a shock to his many friends in this city. He was a son of Dr. Matthew D. Mann, of Buffalo, a graduate of Yale (99) and of the General Theological Seminary at New York. The Rev. Mr. Mann was 28 years old at the time of his death and lost his life in attempting to save his companion and friend, the Rev. Warren D. Seabury, in which he was unsuccessful. The sympathies of this community go out to the afflicted family.

"SUNDOWN DOCTORS" according to the Washington correspondent of *The Louisville Courier-Journal*, are an institution peculiar to Washington city. They are an amiable company of medical practitioners who ply their trade only after nightfall. Not that these gentlemen prefer darkness to light if they had their "d'ruthers," nor are their deeds of questionable complexion that look best in the shade. "Sundown doctors" have no "ways that are dark" or "tricks that are vain." They are as open as the day that they may not utilise. If they practise their profession by candle light rather than by the sunshine, that's Uncle Sam's fault, not their own. Sundown doctors begin to get busy only after 4:30 in the afternoon. From 9 to that hour, poor souls, they are holding their noses to the grindstones over government desks. For one must live, don't you know, however soaring one's scientific ambition, and Uncle Sam's wages do come in mighty regular and handy. So that in a pigeon hole is the story of the origin of the struggling fraternity of sundown physicians at the federal capital.

There are thousands of instances. Embryonic young physicians, with their careers yet to carve, secure a clerkship in some of the governmental departments of Washington, in order to keep the pot bubbling while they are getting their medical education after office hours. Their diploma thus laboriously achieved, they hang out their shingles, tenatively holding fast, however, to their government position until securely established professionally. A job in the hand, you know, is worth a whole city directory full

of uncaptured patients. Never let go a sure thing till you are sure of a surer.

The foregoing comment on an evil that should not exist in these days of improvement in medical education, shows how the laity views the question. From the professional viewpoint there should be no "sundown" colleges. The old ones at best should be permitted to die out, and no new ones should be chartered. They are a sad commentary on higher educational standards in medicine.

PERSONAL.

DR. EDWARD N. BRUSH, of Baltimore, formerly of Buffalo and editor of this JOURNAL, now superintendent of Sheppard and Enoch Pratt Hospital for the Insane at Towson, a suburb of Baltimore, sailed for Europe, August 17, 1907. Dr. Brush was accompanied by his son Nathaniel, and will attend the International Congress of Psychiatry, Neurology, and Psychology, at Amsterdam, September 2-7, 1907, under a credential of the department of state, as an official representation of the United States. He will return early in October to take up his duties at the hospital, and his son will then resume his work at Johns Hopkins University.

DR. WALTER D. GREENE, of Buffalo, formerly health commissioner of this city, has formed a copartnership with Dr. George L. Brown, their offices being established at No. 210 D. S. Morgan Building.

DR. B. H. GROVE, of Buffalo, who went to Europe early in the summer, has been spending some time recently at Vienna. He expects to return and resume his professional work on or about September 1.

DR. JANE W. CARROLL, of Buffalo, was elected vice-president of the medical section of the National Fraternal Congress during its recent session in this city.

DR. O. MILLARD, of Flint, Mich., president of the medical section of the National Fraternal Congress, visited Buffalo during the third week in August while the organization was in session here.

DR. MAGNUS A. TATE, of Cincinnati, has been appointed professor of obstetrics at the Miami Medical College in that city.

DR. W. J. MEANS, of Columbus, chairman of the judicial council of the Association of American Medical Colleges, spent a few days in Buffalo during August in attendance upon the medical section of the National Fraternal Congress.

DR. A. W. HENGERER, of Buffalo, announces the removal of his office and residence to 301 Genesee street. Hours: 8 to 9, 1 to 2 and 7 p.m. Sundays: 2 to 4 only. Both Telephones.

OBITUARY.

DR. SENECA D. POWELL, of New York, died at his country home, Greenwich, Conn., August 24, 1907, in the sixtieth year of his age. He was born in Alabama, January 5, 1848, and at the outbreak of the civil war, while serving as a cadet in the University of Alabama, he left college to join the confederate army. After serving until the close of the war he entered the medical college of the University of Virginia from which he graduated in 1869, and in 1870 he received the degree of doctor in medicine from the New York University.

Dr. Powell served as interne at Bellevue Hospital and became a lecturer on surgery at the N. Y. Post-Graduate Medical School in 1883. Four years later he was made professor of surgery and for a number of years was secretary of the faculty. He was one of the vice-presidents of the first Pan-American Medical Congress (1893) and in 1898 was president of the Medical Society of the State of New York. His death was attributed to experiments relating to alcohol as an antidote for carbolic acid poisoning, on which he published several monographs.

SOCIETY MEETINGS.

THE American Association of Obstetricians and Gynecologists will hold its twentieth annual meeting at the Hotel Cadillac, Detroit, Tuesday, Wednesday, and Thursday, September 17, 18, and 19, 1907, under the presidency of Dr. Robert Tuttle Morris, of New York. An elaborate program is in preparation and it is anticipated that the number in attendance will be greater even than usual. Dr. J. H. Carstens, of Detroit, is chairman of the committee of arrangements and, assisted by other local members, is laying out comprehensive plans for the meeting. Detroit is an accessible city as well as one of great beauty and offers great attractions for medical meetings of this kind. An invitation has

been extended by Messrs. Parke, Davis and Company for the association to visit their biological laboratory between the morning and afternoon sessions of Wednesday and it is probable that the invitation will be accepted.

THE Medical Section of the National Fraternal Congress held its annual meeting in Buffalo, August 19 and 20, 1907, under the presidency of Dr. Orson Millard, of Flint, Mich. Dr. William Warren Potter, of Buffalo, delivered an address of welcome, which was responded to by Dr. H. A. Warner, of Topeka, Kan. The president then delivered his annual address after which came the reports of the secretary, treasurer, and of several special committees. Papers were then read as follows: On the Relation of the Medical Examiner to the General Office, W. K. Harrison, Chicago; The Trend of Medical Selection, F. A. Smith, Rock Island, Ill.

Dr. George B. Stocker, of Buffalo, was chairman of the local committee of arrangements.

THE Eighth District Branch of the Medical Society of the State of New York will hold its annual meeting Wednesday and Thursday, September 25 and 26, 1907, at Buffalo, in the Historical Society building in Delaware Park, under the presidency of Dr. DeLancey Rochester, of Buffalo.

In a circular recently issued the following information is given:

It is greatly desired that as many as possible of the members of the medical profession attend this meeting. The morning of the first day will be occupied by the business of the society, carried on by the House of Delegates. The scientific session will begin at 2 pm., Wednesday, with the address of the president. In this address the president will show the advantages of union in the state society, as well as taking up some subject of general medical interest.

It is urgently requested that all members of the profession who are not members of their county society, immediately make application for membership, and that all, whether members or not, attend this meeting of the Eighth District Branch.

It is further requested that all members of the county societies, who have interesting topics for discussion, will please send the subject which each may desire to present, to the secretary of the branch before August 25th.

One hour at the end of the morning session of the second day will be set aside for the presentation of clinical cases and pathological specimens. We hope to be able to furnish facilities for

the examination of cases by those especially interested. In this way it will be possible to secure a thorough discussion by different individuals of cases of doubtful diagnosis or unusual interest.

The time of the meeting is limited and it is necessary that all subjects to be presented be in the hands of the secretary by August 25, so that a proper arrangement and distribution of papers to the representatives of the several counties may be made.

The complete program will be issued early in September.

Send all communications to Lee M. Francis, M.D., secretary, 482 Delaware avenue, Buffalo.

THE Mississippi Valley Medical Association will hold its 33d annual meeting at Columbus, O., October 8, 9 and 10, 1907, under the presidency of Dr. H. Horace Grant, of Louisville. The orator in medicine will be Dr. George F. Butler, of Chicago, and the orator in surgery, Dr. Frank D. Smythe, of Memphis.

The association is offering a prize of \$100 for the best original essay upon some medical or surgical topic. The committee of the association to decide upon this contest is composed of Drs. Hugh T. Patrick, of Chicago; C. H. Hughes, of St. Louis, and A. H. Cordier, of Kansas City.

THE American Public Health Association will hold its thirty-fifth annual meeting at Atlantic City, September 30 to October 4, 1907, under the presidency of Dr. Domingo Orvananos, of the city of Mexico. Dr. Charles O. Probst, of Columbus, is the secretary.

THE Sixth International Dermatological Congress will be held at New York, beginning September 9, 1907, and continuing for one week, under the presidency of Dr. James C. White, of Boston. Dr. Grover W. Wende, of Buffalo, is a member of the organization committee, and Dr. John A. Fordyce, 80 West 40th street, New York, is the secretary-general.

THE Lake Keuka Medical and Surgical Association, at its recent annual meeting held at Grove Springs, elected the following named officers for the ensuing year: president, Louis W. Rose, of Rochester; vice-president, C. R. Jennings, of Elmira; secretary and treasurer, H. B. Nichols, of Pulteney.

COLLEGE AND HOSPITAL NOTES.

At the German Hospital, Buffalo, a memorial to Gerhard Lang was unveiled August 15, 1907. This consisted of a bronze tablet commemorating the philanthropies of Mr. Lang, who had been

especially generous to the hospital, and who died about fifteen years ago. Dr. C. H. W. Auel, vice-president of the hospital, presided at the unveiling ceremonies, introducing Jacob Stern, one of the directors, who pronounced the formal eulogy. After referring to Mr. Lang's work in and for Buffalo the speaker among other things said:

"Mr. Lang was always interested in charitable undertakings and especially hospital work. When the German Hospital was organised his children gave the property upon which this hospital now stands. Tonight we dedicate this tablet to the memory of Mr. Lang and I now ask you, Mr. Kasting, as president of the hospital, to accept the same."

President Kasting then made a short address. He paid a tribute to Mr. Lang and to William Simon, former president of the hospital, who, he said, had done much to place it on its present sound financial basis; also to the Ladies' Sewing Circle, which has taken a deep interest in the hospital. Ottomar Reinecke then spoke briefly in German.

Neither the sculptor, A. A. Langenbahn nor Dr. Herbert Rust, former editor of the *Freie Presse*, who wrote the inscription for it, lived to see the tablet placed in the hall of the hospital. Both have died within the past few months.

THE University of Buffalo, medical department, will begin its sixty-second regular session Monday, September 23, 1907, and continue thirty-four weeks. This is one of the earlier colleges to lengthen its term beyond the legal requirements. Dr. Allen A. Jones, adjunct professor of the principles and practice of medicine, will deliver the opening lecture at the time above specified.

THE United States Marine Hospital, in Buffalo, now seems to be an assured fact. It will be remembered that an appropriation was made by congress for this purpose some years ago; but for one reason and another there has been delay in realising the money. Finally, however, the supervising architect at Washington has sent on to Buffalo plans and specifications. Sealed proposals for doing the work are to be sent to Washington and will be received there not later than September 16, 1907. The site for the hospital is on Main street between Dewey avenue and Humboldt parkway.

A POLISH HOSPITAL is projected in Buffalo and it is expected that on or about September 1, ground will be broken for the building, which is to occupy a whole block included between Fillmore avenue, Stanislaus, Beck and Gibson streets. The hospital when completed will cost \$500,000 or more and will be built entirely at

the expense of the Polish people of Buffalo. Two priests and a layman, whose names are not public, recently gave money sufficient to buy a lot, 205 feet front, on Stanislaus street, and having a depth of 297 feet. An option has been obtained upon the rest of the block and the purchase will be consummated soon.

The hospital will be in charge of the Polish Sisters of Charity and upon the board of trustees will be a representative from each of the ten parishes in the Polish district.

Dr. Francis E. Fronczak, assistant health commissioner, is one of the projectors deeply interested in the enterprise.

THE College of Medicine, Syracuse University, has a four years' course of study. Its facilities for instruction are unusually good. They consist of a main building erected in 1896, containing a library of several thousand volumes, study and lecture rooms, and laboratories large, light, convenient and well equipped with the apparatus required in the study of the fundamental medical sciences. Its facilities also include access to three large hospitals and three institutions for purposes of clinical instruction.

BOOKS AND AUTHORS.

Diseases of the Lungs. By **Robert H. Babcock**, A.M., M.D., author of *Diseases of the Heart and Arterial System*. Octavo, pp. 829. With twelve colored plates and 104 text illustrations. New York and London: D. Appleton and Co. 1907. (Price \$6.00).

The author of this work gained for himself a worldwide fame through his treatise on diseases of the heart and arterial system issued in 1903. An examination of this work leads to the conclusion that it will take its place alongside of the other, and that the two together may easily be pronounced the most learned exposition of the diseases of the organs of the chest that has been written by an American physician.

It is evident that the work is written by a clinician of experience and will find its way promptly into the hands of other clinicians. Babcock is also familiar with the literature of his subject, and does not hesitate to point out valuable suggestions therefrom. Since Flint, in the forties, delineated the sounds of the breathing organs in health and disease, many other clinicians have studied and written upon the subject, but none within our knowledge has developed the finer points of physical exploration of the chest to the extent that Babcock has done.

It would be interesting to follow this author all through his book, chapter by chapter, directing attention here and there to special points that are emphasised or developed, created or accentuated, but we could hardly expect an audience in this vacation season to read or heed such an extended commentary. We must rather content ourselves, and thus content our readers, by

directing attention to one or two strong,—we may say with great propriety, stronger,—features of this treatise.

Babcock begins his book with a section on diseases of the bronchial tubes; in other words he takes up his studies just at the point where diseases of the upper air tract leave off. In the olden time, that is to say before the days of the specialism of laryngology, diseases of all the breathing organs were dealt with by one and the same author. Nowadays, however, the area which the teacher of internal medicine handles begins with the bronchi, and we desire to call attention to the skill with which the topic is treated in this book. The author very properly animadvertes upon the cigarette habit, believing that it is a factor in causing disease of the bronchial tract. Babcock's ideas of treatment of the various diseases of the bronchial tubes are modern in every way and appeal to the better judgment of every experienced clinician.

In the second section diseases of the lungs are considered, and we are pleased with the way in which the pneumonias are dealt with. It is doubtful if acute fibrous pneumonia has ever received a more scientific consideration than in the five chapters which Babcock devotes to this topic. The same might be said of pulmonary tuberculosis, for here, also, great praise is due for the thoroughness and scientific handling of the subject embracing, as he has, every modern thought in causation and treatment.

Diseases of the pleura occupy the third section, which consists of three chapters. Here again, the author shows acumen in discussing these affections from the viewpoint of the modern laboratory. The bacteriological origin of pleurisy has been clearly established, and three microorganisms are chiefly responsible for it—namely, the tubercle bacillus, the diplococcus pneumoniae, and the streptococcus pyogenes. The first two are mainly found in primary pleurisies, especially the tubercle bacillus; while the streptococcus belongs principally to secondary pleurisies. In the light of recent investigations the notion of idiopathic pleuritis must be abandoned. We should like to pursue this subject further on the lines mapped out by Babcock, but are compelled to desist lest we exceed our allotted limits of time and space.

We must not fail to mention the illustrations, many of which are meritorious, especially the plates depicting malignant disease of the lungs. We have never seen a work on diseases of the chest with as many useful engravings as are found in this treatise.

Paraffin in Surgery. A Critical and Clinical Study by **Wm. H. Luckett**, M.D., Attending Surgeon, Harlem Hospital, Surgeon to the Mt. Sinai Hospital Dispensary of New York, and **Frank I. Horne**, M.D., Formerly Assistant Surgeon, Mt. Sinai Hospital Dispensary. 12 mo.; 38 illustrations; 118 pages. New York: Surgery Publishing Co., 92 William street. (Cloth, \$2.00).

This large book dealing with a large subject, required two authors to set forth the topic in proper perspective. The illus-

trations are of the "before and after" sort but, it must be admitted, portray with graphic effect the paraffin treatment for facial deformities. Generally speaking, there are two sides to a question, and it is apparent that the use of paraffin in surgery presents no exception to this nearly infallible rule. These authors, recognising the dangers that may result from accidental effects or careless use of paraffin, have given in two chapters the unsatisfactory results and the accidents that may follow its employment.

The chemistry of paraffin, little understood perhaps by the average physician, is discussed in a short chapter which imparts sufficient information for all practical purposes. It takes an expert chemist, however, to fully appreciate all the technical details of this peculiar substance.

This book will do much good; it places the important facts relating to paraffin in surgery before the profession in accessible form, and is likely to prevent its harmful employment. We commend it to those interested in the subject.

A Textbook upon the Pathogenic Bacteria. For Students of Medicine and Physicians. By **Joseph McFarland**, M.D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College, Philadelphia. New (5th) edition. Octavo volume of 647 pages, fully illustrated, a number in colors. Philadelphia and London: W. B. Saunders Company, 1906. (Cloth, \$3.50 net).

A study of pathogenic bacteria is now a necessary part of the medical curriculum, and this work comes close to being a necessary part of the student's library, since there is no work of similar character that quite takes the place of it. McFarland has come to be acknowledged authority on the subject of which this volume treats, and the five editions of his book coming in such rapid succession bespeaks not only his own popularity as a teacher, but tells of the growing study of the microorganisms of disease.

Much new material has been added to this edition, while the chapters on infection and immunity have been entirely rewritten. It is a work of progress, each new issue recording the advances since the last and in this way keeping pace with the increased knowledge of the topic with which it deals.

A Textbook of the Practice of Medicine. For Students and Practitioners. By **Hobart Amory Hare**, M.D., B.Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; Author of *A Textbook of Practical Therapeutics*; *A Textbook of Practical Diagnosis*, etc. Octavo, 1120 pages, with 131 engravings and 11 full-page plates. Second edition, revised and enlarged. Philadelphia and New York: Lea Brothers & Co. 1907. (Cloth, \$5.00; leather, \$6.00; half morocco, \$6.50, net prices).

As might have been expected, the first edition of this work was soon exhausted, and the author was called upon for the second edition with promptitude. The response has been equally

prompt and we find ourselves called upon to make mention again in these columns of one of the most useful, because one of the most practical, of textbooks on medicine yet presented to the profession. Hare is among our best teachers of internal medicine, he is a popular writer, and his books are always in active demand.

Hare's practice of medicine presents itself in this new or second edition in the same excellent form that characterised the first; it is a book for the undergraduate and practitioner; it is especially designed to aid at the bedside, and is therefore strong in delineating modern methods of treatment; and, finally, it is one of the most compact, hence valuable ready-reference works on practice of which we have knowledge. It has been revised to include all that is valuable and to exclude all that is obsolete or valueless. It is authority on medical diseases.

Principles and Application of Local Treatment in Diseases of the Skin.

By **L. Duncan Bulkley**, A.M., M.D., Physician to the New York Skin and Cancer Hospital. Small 8vo., 142 pages. New York: Rebman Co. (Price, \$1.00).

This book is made up from four lectures given to practising physicians at the New York Skin and Cancer Hospital in the spring of 1906, which are published in this form because of requests by many who wish to see them in print. Dr. Bulkley is an experienced teacher, as well as writer and clinician; his writings are popular because they are practical; and, withal, he is a scientific dermatologist who gets results. In this small treatise the author merely attempts to expound the underlying principles and application of local treatment in diseases of the skin, but he has accomplished his purpose most happily. He gives to the general practitioner just the information he needs to enable him to cope with the simpler skin maladies, or to recognise the important time to recommend a patient to consult a dermatologist. At all events it is just such a book as every physician should possess and he should be guided by its teachings.

The Nursling. The Feeding and Hygiene of Premature and Full-term Infants. By **Pierre Budin**, Professor of Obstetrics, University of Paris; Director of the Clinique Tarnier. Authorised Translation by **William J. Maloney**, M.B., Ch. B., Fellow of the Obstetrical Society of Edinburgh, with an introduction by **Sir Alexander R. Simpson**, M.D., Emeritus Professor of Midwifery and Diseases of Women and Children, University of Edinburgh. Large 8 vo, pp. 223. With 111 diagrams in color and other illustrations. London: The Caxton Publishing Company. New York: Imperial Publishing Company. 1907. (Price, \$6.00.)

The title of this book is a new one for a treatise on infant hygiene; nevertheless, it is expressive of the scope the author gives himself, since the book deals with infants from birth until they reach the age of two years. Pierre Budin is very well known on this side of the Atlantic as a teacher of great power. Alexander R. Simpson says that Professor Budin is a past master

in the eloquent use of what he, Sir Alexander, is pleased to term the most lucid of modern languages. At all events these lectures are graphic descriptions of modern methods in dealing with infantile diseases that cause great havoc in summer time, and will be read with interest by every physician on this side of the water, whose province it is to deal with the summer diarrheas of infants. The prospectus of the publisher gives in concise form the essential purposes of the book stating, among other things, that one of its special features is the saving of children born before term, and that teething, weaning, and all problems relating to infant feeding are exhaustively dealt with.

The volume is beautifully printed on deckled paper, is illustrated by diagrams in color and otherwise, and is among the special features of the year in book making which serves to enrich the literature of the period.

Medical Diagnosis. A Manual of Clinical Methods for Practitioners and Students. By **J. J. Graham Brown**, M.D., F.R.C.P.E., F.R.S.E., Assistant Physician, Royal Infirmary of Edinburgh, and **W. T. Ritchie**, M.D., F.R.C.P.E., F.R.S.E., Clinical Assistant Pathologist, Royal Infirmary of Edinburgh. Fifth edition. 12 mo., pp. 524. With 200 illustrations and 8 full-page plates. New York: Imperial Publishing Company. 1907. (Price, \$3.00).

A book like this that has been issued in four editions needs but little comment on the fifth, except to speak in general commendation of such changes as have been made in the revision. It is evident on inspection that almost every section has been revised, many additions having been made, and that the book may be regarded as a thoroughly modern manual of diagnosis. The urinary system in particular receives ample treatment, full instructions for the estimation of urea and other products of nitrogenous metabolism being given, and tests for albumin, glucose and other outputs relating to destructive changes in organs and tissues. The entire book constitutes a clinical manual of unquestioned merit for the practitioner, and is a valuable guide for the studies of the undergraduate. The illustrations are unusual in number for such a work, many being of exceptional merit.

Aids to the Diagnosis and Treatment of Diseases of Children. By **John McCaw**, M.D., Physician to the Belfast Hospital for Sick Children. Third edition. 383 pages. New York: William Wood & Co. (Price, \$1.25).

The book under consideration is one of the best of the students' reminders that has been issued. McCaw is an experienced teacher, hence knows what students of medicine need most as an aid to the memory. This third edition has enabled the author to add new, as well as improve the old material. To the student of pediatrics this book will prove vastly useful, and even to some of the elder members of the profession it may serve as an acceptable reminder of partially forgotten facts in relation to the diseases of children.

Students Aid Series. Aids to Dental Surgery. By **Arthur S. Underwood**, M.R.C.S., L.D.S., Eng. And **Douglas Gabell**, M.R.C.S., L.R.C.P., Lond., L.D.S., Eng. Second edition. 126 pp. New York: William Wood & Co. (Price, \$1.00).

That the profession of dentistry should require an "aid" is indeed, evidence of progress. Only a few years ago dentistry, in the main, was acquired by an apprenticeship in a dentists office, and not a very long service at that. Now, dentistry is taught in well equipped colleges which often, as in Buffalo, are attached to universities, hence need textbooks, manuals, aids, and other literature. This book has been prepared by men familiar with the needs of dental students and this edition has been enriched with new chapters dealing with bacteriology and hygiene of the mouth. If illustrations had been inserted the volume would have been a little more complete, but, even now it is the best, if not the only book of its kind and will not disappoint the dental student who may purchase it.

Students Aid Series. Aids to Medical Diagnosis. By **Arthur Whiting**, M.D., M.R.C.P., Physician to the Tottenham Hospital; Lecturer in and Dean of the Northeast London Post-Graduate College. 152 pages. New York: William Wood & Co. (Price, \$1.00).

Such books as this have become a necessity, at least practically so, in these days of rapidity of action and thought. To those who have acquired some knowledge of medicine this "aid" will prove serviceable in many ways. It is written by a practical teacher, a clinician of experience, and the basis adopted is clinical rather than pathological. The symptom complex is unraveled as far as possible in each group in logical sequence, and the round up leads to differentiation of each constituent, whenever it is possible to do so. The study of diagnosis will be facilitated by following the lines marked out by Whiting in this manual.

A Manual of Obstetrics. By **A. F. A. King**, M.D., Professor of Obstetrics and Diseases of Women in the Medical Department of the George Washington University, Washington, D. C., and in the Medical Department of the University of Vermont, etc. Tenth edition. 12mo., 688 pages, with 30 illustrations and three colored plates. Lea Brothers & Co., Philadelphia and New York, 1907. (Cloth, \$2.75, net.)

This remarkable book, now in its tenth edition, will be welcomed by hosts of old friends, and should be greeted by many new ones. Dr. King is one of the most practical as well as one of the most accomplished teachers of obstetrics of the present day. Knowing what students need, he has put this information into a manual that has withstood the test of time, receiving alike the approbation of undergraduates, teachers, and practitioners, all of whom find it a most satisfactory book of reference, study, or preparation. In this edition additions have been made, errors corrected, and obsolete methods eliminated, thus bringing it forward to the immediate present and making it one of the best obstetric manuals in existence.

BOOKS RECEIVED.

Surgery: Its Principles and Practice. In five volumes. By 66 eminent surgeons. Edited by W. W. Keen, M.D., LL.D., Hon. F.R.C.S., Eng. and Edin., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Phila. Volume II. Octavo of 920 pages, with 572 text-illustrations and 9 colored plates. Philadelphia and London: W. B. Saunders Company. 1907. (Cloth, \$7.00; half morocco, \$8.00 net prices.)

Transactions of the Southern Surgical and Gynecological Association. Vol. XIX. Nineteenth annual session held at Baltimore, December 11-13, 1906. W. D. Haggard, M.D., Secretary.

Physicians' Manual of the Pharmacopeia and the National Formulary. An Epitome by C. S. N. Hallenberg, Ph.G., M.D., Professor of Pharmacy in the School of Pharmacy, University of Illinois. Chicago: American Medical Association. (Price, 50 cents.)

Manual of the Diseases of the Eye. By Charles H. May, M.D., Instructor in Ophthalmology, College of Physicians and Surgeons, New York. Fifth edition. 12 mo, pp. 391. Illustrated. New York: William Wood & Co. (Price, \$2.00.)

Cook County Hospital Reports. 1906. Compiled and edited under the direction of the publication committee of the Cook County Hospital attending staff.

A Treatise on Fractures and Dislocations. By Lewis A. Stimson, B.A., M.D., Professor of Surgery in Cornell University Medical College, New York. New (5th) edition, thoroughly revised. Octavo, 847 pages, with 352 engravings and 52 plates. Lea Brothers & Co., Philadelphia and New York, 1907. (Cloth, \$5.00, leather, \$6.00, half morocco, \$6.50, net prices.)

LITERARY NOTES.

DR. HERBERT L. BURRELL, president-elect of the American Medical Association, is now preparing the manuscript of a work on surgery, of considerable magnitude and importance, which the Philadelphia publishers, P. Blakiston's Son & Co., will bring out. This is another indication of Dr. Burrell's tireless labor in educational fields. The book is to be complete in one royal octavo volume, well illustrated, and, needless to add, well and authoritatively written.

THE Cleveland Press, of Chicago, announces the early issue of a biography of Nathan Smith Davis, sometimes called the "father of the American Medical Association." Dr. Isaac N. Danforth, of Chicago, is preparing this work, which will possess great interest to the admirers of Dr. Davis.

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ORIGINAL COMMUNICATIONS.

The Serious Neglect of Scientific Obstetrics. The Remedy

By P. W. VAN PEYMA, M. D., Buffalo, N. Y.

Associate Professor of Obstetrics, University of Buffalo.

A PAPER with the above title was recently read at a meeting of the Medical Club of this city. The conditions therein pointed out are of the deepest public concern, and particularly, and most directly, affect womankind and the newborn. It has, therefore, been urged that the paper be rewritten, technical expressions eliminated, and copies furnished for distribution.

The purposes of this review are to call attention to the fact that the average standard of obstetric practice is very low; to show that the results are very serious to mothers and infants; and to urge that this condition can and ought to be ameliorated. The truth of these assertions is not disputed by anyone familiar with the facts. One hears of evidence on every side, and the experience of the writer in several hundred obstetric consultations occurring in the private practice of fully ninety physicians, corroborates what is only too apparent. It is well within the truth, to say that of all the departments or specialties of medicine, obstetrics is the one showing the greatest want of intelligence, and the most unskilful and harmful practice. Daily, women and infants are being seriously and needlessly injured. Sometimes the result is the death of the patient or patients; sometimes life-long suffering and invalidism. But, like many another evil, its very universality seems to result in inattention and tacit acquiescence; and the attitude of a large part of the medical profession and of the community seems to be expressed in the phrase,—Only another necessary evil.

Naturally the question arises—Why is this? The causes which have brought about and which are instrumental in maintaining this unfortunate state are numerous. At best, the practice of obstetrics is wearisome and tedious. It is irregular and time-consuming. One who practises midwifery can count on no

time as his own. He is forever tied up, to be ready at a moment's notice; and his nights are often more occupied than his days. Proper attendance upon cases of labor, not hurried to a conclusion, demands much time, and this interferes seriously with other practice. The general practitioner, in attendance upon all classes of diseases, is called upon to take the most special precautions to insure against the transmission of infection to the woman in labor. The practice of obstetrics is, on the average, ridiculously underpaid, reflecting the low estimate of both the medical profession and the laity. The fact that the vast majority of labors are natural, and that delivery in these cases is effected unaided, explains this feeling; as, also, the quite general conviction that no particular knowledge or skill is required on the part of the attendant. And yet, daily, most serious consequences testify to the contrary, since there is scarcely a case where intelligent and skilful attention is not of the greatest value. In very many it means the difference between health and invalidism; and in not a few cases decides the question of life or death of the mother and infant.

There is scarcely anything more important in the management of a case of labor than the conservation of the nervous energy of the patient. The establishment at the very commencement, and the maintenance throughout the whole process of labor, of the right mental attitude on the part of the patient, is a matter of the greatest importance. It determines in many cases whether nature will be able to effect an unaided delivery. This means, in many instances, an early and a long-continued attendance. It means the setting aside of other business. It means overcoming the temptation to apply forceps and get away. It means, in the minds of the laity, less service and, naturally, less emolument. For is it not true that no operation was performed? Probably not even a laceration sewed up. And, yet, it is precisely this treatment that, in the vast majority of cases, means the safety and welfare of the family. Time and nature are great physicians. That the very preponderance of natural, normal cases, through resulting inattention, trusting to luck, and want of careful study, lowers the standard of the practice of obstetrics and, thus, indirectly but positively, increases infant and maternal suffering and mortality, seems paradoxical, but is, nevertheless, most true.

The comparative general observance, during later years, of absolute cleanliness, or asepsis, in the management of cases of labor, has been of infinite value. And yet this, also, has been a two-edged sword. The relative impunity with which surgical procedures can be undertaken nowadays has led to a very great

increase of operative interference which, while not, as would formerly have been the case, resulting in infection and perhaps death, yet is responsible for many unnecessary injuries to mothers and newborn. Lacerations, especially, are so common that they seem to be taken almost as a matter of course, and wonder is expressed when they fail to occur. Considering the foregoing, it is not difficult to understand why the practice of obstetrics is in disfavor with, and neglected by, the medical profession, and why the results are so generally bad.

Physicians practising midwifery are divisible into two broad classes,—the general practitioner, and the gynecologist, or specialist in diseases of women. The man in general practice does more or less obstetrics because his families expect it, and because he appreciates the additional income. The gynecologist is called in because his specialty is considered as allied to that of obstetrics. Both, however, consider this practice as relatively undesirable; and, with increasing financial independence, gradually withdraw from it. Except in the very largest cities, specialism in obstetrics is almost unknown. And, yet, the attainment of sound judgment, thorough understanding, and competent skill involves the careful study of many cases, normal as well as abnormal.

Of the circumstances mentioned as militating against safe and satisfactory obstetric practice some may, in the course of time, find their own correction. One, at least,—the tendency to hurry,—will perhaps always remain. It should be kept well in mind that the safe conclusion of the ordinary case of labor requires as much time as in the days two thousand years ago. In our age of rush and hurry, this most important truth is very generally ignored. But, however important the preceding considerations may be, there remains one source of neglect and mischief which undoubtedly outranks in importance all the others. The want of proper, adequate and, especially, clinical or bedside teaching of obstetrics is a matter of reproach, and demands the most urgent and serious consideration.

There is infinitely more to the subject of obstetrics than is generally recognised,—than is recognised by any except those who have given it exact and comprehensive study. That adequate instruction at the bedside is absolutely essential to a proper and practical understanding must be selfevident, even to the laity. To explain fully this importance, in detail, to the lay mind would involve some difficulties. There are, however, certain general facts and principles which even the laity need have no difficulty in grasping.

In the course of delivery the child passes through the bony canal called the pelvis. In the infant the head is the largest and

least compressible part. The pelvic canal is not a regularly cylindrical tube, nor is the fetal head a regularly globular mass. Both are irregular in shape, and present various diameters. At the completion of pregnancy, the size of the head approximates the capacity of the pelvis. In order that the passage of the head may be naturally possible it must enter in a certain way and, as it advances, must undergo definite movements of turning and flexion in order, finally, to emerge with the smallest circumference engaging. Failure in any of these particulars means trouble, and may mean positive obstruction. In ninety-seven per cent. of deliveries the fetal head is in advance, and of these cases of head presentation, in four out of five, the infant's back is anteriorly toward the abdomen of the mother. This is the most normal position, the one most favorable for easy and safe delivery. In about one-fifth of all cases, however, the infant's back is turned toward the back of the mother, and these offer delay and various complications. If left to nature, nearly all eventually rotate, so as to bring the back to the front; and delivery is effected naturally, although very generally considerably delayed.

The back of the head is called the occiput; therefore, these varieties are called occiput posterior positions. The other four-fifths, with the back of the head in front, are termed occiput anterior positions. The various natural movements of the child, in passing through the parts of the mother, constitute what is known as the "mechanism of labor." The exact position of the child is usually determined by both an external and an internal examination. The external examination consists in feeling for the parts of the child and in listening for the fetal heart sounds through the abdomen of the mother. The internal examination admits of feeling and locating the membranous lines and spaces existing between the various bones forming the vault of the head. These are called sutures and fontanelles. To recognise and locate these is not an easy matter, and proficiency in this respect requires much practice. Sometimes they cannot be felt distinctly, and it then may become necessary to locate an ear, in order to be sure of the position.

This recognition of the exact position of the head is of absolute importance to scientific obstetric practice. It can only be learned by means of most careful study and teaching at the bedside. The chief sources of bad practice are found in a failure to appreciate the essential importance of the mechanism of labor; in a neglect or inability to determine the exact position of the head; and in impatience and haste in delivery.

Occiput posterior positions occur, as has been said, about once in five cases. For various reasons, the labor in these cases is unusually prolonged. Yet, if left to nature, the outcome, in the

vast majority of instances, is a normal delivery. In the practice of the average physician, the result is quite likely to be otherwise; there exists unusual delay, the fact of the occiput being posteriorly is unrecognised or ignored; patient, family and physician are impatient to have the case over with. Forceps are applied, the head is pulled out in the wrong position, and, in nearly every instance, the mother is badly torn, and the infant, also, more or less seriously injured. These cases are safer in the care of a good cleanly midwife than in the hands of the average physician who applies the instrument wrongfully.

Professor Penrose, of Philadelphia, in an article in the *American System of Obstetrics*, says: "If I were to be asked what one obstetric difficulty, in my experience, had caused most maternal and fetal deaths, what one had caused most maternal and fetal accidents not necessarily fatal,—accidents, however, often making the rest of life worthless, or, still worse than merely worthless, a tragedy,—I think I would say occipito-posterior positions, where the occiput had rotated into the hollow of the sacrum, and which had been improperly treated."

A very large proportion of physicians practising obstetrics, probably at least ninety per cent., ignore the facts that the head and the pelvis are both irregular in shape, and that it requires a proper adjustment of the one to the other to effect a normal delivery. They do not concern themselves with the mechanism of labor, nor with the determination of the position of the head. And the results are what might be expected.

In another class of cases, a want of attention to certain fundamental rules results in equally disastrous consequences. The largest circumference of the head is one drawn around the chin in front, and the back of the top of the head behind. Any circumference drawn from the back of the neck behind to any point of the face in front, is much shorter. If, in the final delivery of the head, the face is allowed to be born while the back of the head is still unborn, a very large circumference engages, and a tear is sure to result. And this is what frequently happens, and explains the occurrence of many tears, entirely unnecessary. The too early, to say nothing of the unskilful application of the forceps; and the too rapid delivery, not giving the tissues time to relax and distend, is a third prolific source of serious tears. Intelligent and careful management, ensuring the engagement of the proper circumference, and allowing sufficient time, will prove how preventable are at least nine-tenths of the tears now daily occurring.

There is a very prevalent and growing notion that in this progressive and enlightened age a woman in labor need only

take some chloroform, undergo an artificial delivery and awake, to find all well. And this false conception is fostered by many physicians, either from ignorance or because of a selfish desire to hurry the case, and to be at liberty to attend to other affairs. But this practice is fraught with danger, and the conclusion is always more or less disastrous. To obtain results that will be happy for both mother and infant, time and nature must be given opportunity, and the prospective mother must also do well her part. She must exercise a reasonable amount of patience and of selfcontrol. An appeal must be made to her intelligence, good sense and maternal instinct. The nature of labor, the necessity for time, and the dangers of too early interference should be explained. Also, that a hurried labor is cruel, in that it causes more suffering at the time of delivery, as well as invalidism in the future.

Gynecologists are kept busy with surgical operations, in attempts, more or less successful, to repair the results of bad obstetric practice. If this fruitful source of supply, and one other,—that of infection,—could be removed, there would remain little for gynecologists to do. Would this not be a great boon for womankind—for all humanity? Should not every effort be made to attain it? This would be preventive medicine. Operations are at best but curative, and frequently not even that. Obstetric lacerations, with the resulting scar tissue, predispose to the development of cancer. They are also often a source of serious domestic infelicity. It must be that, when the facts are fully realised, the means for correcting the condition will be forthcoming.

In all cases of labor, and especially in those more or less difficult, it is important to watch the condition of the child. Practically, the only way to determine the actual state of the infant is to listen to the fetal heart sounds. The conditions of the mother and of the child are the circumstances that must decide whether, in a given case, intervention and artificial delivery are demanded. And, yet, this important examination is very much neglected. There are physicians who have practised obstetrics for years and have never heard nor even listened for the fetal heart sounds.

The writer desires simply to prove his contention that the practice of obstetrics is at a very low ebb. He does not wish to arraign the medical profession too severely, nor to unfold a tale of horror. And yet it should be known that mutilated, mentally enfeebled, paralytic, and dead children; lacerated, invalided and dead mothers are the ever recurring product of unintelligent and conscienceless obstetric practice. And this among all classes of society.

A rehearsal of individual cases, seen in the course of more than thirty years of active practice, would, undoubtedly, serve to more deeply impress and fix the points made. It is, however, omitted as perhaps unnecessary, and as unfitted for an article intended for general distribution. It should also be remembered that attention has been directed to only a very limited part of the subject, and that, for the sake of brevity, much has been omitted which would have added to the proof of indifference and neglect. Neither should it be overlooked that all that has been said regarding the want of opportunity to teach obstetrics clinically applies equally to the training of nurses. Some time since a certain nurse, a graduate from one of our larger institutions, was engaged for a case of labor. She was honest enough to say that she had never seen a case. The family being determined to have her, an additional nurse from a distant city was called in to give her some preliminary instruction, and to be present at the confinement.

Can these things be and not excite our special wonder? Can they be and not excite the determination to correct them? It must be, that, once fully realised, womankind, at least, will rise to the occasion, will in selfprotection and in defense of the helpless newborn, insist upon and assure more adequate teaching, more intelligent and conscientious attention.

The plane of development and efficiency to which a graduate has arrived when he leaves his Alma Mater presages, with scarcely an exception, that of his future professional career. The physician who enters upon the practice of his profession with no clear understanding, no practical experience, may possess boldness and assumption, for these are but the indices of ignorance, but he can have no genuine interest in the science, and no adequate skill in the art which he has chosen for his life's work. The result of better training would be to make the practice of obstetrics less disagreeable. At best, it will always remain irksome and exacting. But one learns to enjoy doing that which one does well, and one becomes interested in proportion to one's understanding. To one who has given the subject a fair amount of study, there is scarcely a case that does not present some point of special interest, nor scarcely one that does not teach something additional. The mechanism of labor when well understood and intelligently observed, cannot fail to excite interest and admiration.

Until recently, it was a common experience for medical men to enter upon their private practices without having seen a single case of labor. This is less common now, but still many a man graduates whose experience in this respect is practically nil. It

is a fact, also, and one important to remember, that a young medical man will learn more from a half dozen cases carefully studied and fully taught, than he will learn from the first hundred cases seen, here and there, with himself alone in attendance: to say nothing of the mothers and children spared needless injury and suffering.

If we are to have better practical obstetrics, if we are to have fewer mothers and newborn suffering the results of careless, conscienceless and ignorant practice, we must very greatly extend and perfect the opportunities for clinical teaching. At present all the clinical material which this city affords consists of a small number of cases scattered among half a dozen institutions. There is need, most urgent need, for a hospital with sufficient clinical material,—that is, with a sufficient number of cases of labor,—an institution large enough to warrant the residence and the constant supervision of a thoroughly competent teacher. That this object may be realised, an endowment is necessary, to permit of taking cases regardless of ability to pay. It must be evident that the good which an institution of this character could do is incalculable. Such opportunities for practical study exist in many cities in this country and in Europe. The Sloane Maternity of New York City is a splendid example.

Our city was the first in this country, nearly fifty years ago, to introduce the clinical teaching of obstetrics. Public prejudice caused its temporary abandonment. An enlightened public sense has long since caused its reestablishment throughout the civilised world. Who can calculate the suffering, the misery and mortality which, occurring during the many years, must be charged to a blind and foolish prejudice?

So long as the race shall continue, womankind will bear the burden of maternity. Does not simple justice demand that this burden be made as easy and light as conscientious, sympathetic and intelligent care can make it? This article has been written in the hope and in the belief that, the facts being known, something will be done to correct the condition; that somewhere the seed sown will take root and bear fruit; that someone will feel it worth while to make provision for the safeguarding of maternity and of the generations of infants yet unborn.

445 WILLIAM STREET.

ILLUSTRATIONS FOR MEDICAL JOURNALS.

A. J. MARTIN, (*Medical Record*, March 30, 1907,) discusses the subject of preparing illustrations for periodicals and expresses the opinion that for ordinary use line drawings are more satisfactory than half-tone reproductions from photographs. Examples are given showing the advantages of retouching photographs intended for reproduction.

Infection with an Organism of the Actinomyces Group.

Recovery.

By FREDERICK J. PARMENTER, M. D., Buffalo, N. Y.

THE patient was a male, aged 20, by occupation a dry-goods clerk; the family and personal history are unimportant. Upon returning from a two weeks' vacation in the country, during which time he overexercised and overate to great excess, he was taken suddenly ill May 29, 1905, with acute appendicitis. Immediate operation was advised and promptly carried out. The appendix had perforated and lay in an abscess cavity; it was removed, the cavity disinfected, and the wound closed without drainage. The writer was an interne in the hospital at this time and assisted at the operation. The boy made a prompt recovery and returned home about eighteen days later.

He remained well until Sept. 1, 1906, although he noticed that during the latter part of August he had to urinate quite frequently. On September 1, following another vacation in the country similar to that of 1905, he was taken with malaise, chills, and diarrhea. He partially recovered in three or four days, returned to work and remained fairly well until the tenth when a recurrence of the trouble again confined him to his bed. The writer was called to see him September 21, about 9 p.m., one year and four months after the operation for appendicitis. Examination disclosed a well developed but poorly nourished and quite anemic young man; temperature 103°F. , pulse 100, rather tense and small in volume. Facial expression good, thorax negative. The abdomen showed a mass filling the lower right quadrant, extending from the right side to just beyond the median line, and over the lower two-thirds of the region between Poupart's ligament and the umbilicus. The mass was tender on palpation, dull on percussion, and the right rectus muscle was thickened and felt edematous, being in a moderate state of spasm. The diagnosis of cecal abscess of unknown origin was made from the history of acute onset, the sudden development of the mass associated with temperature and rising pulse, the patient feeling sure that the mass had developed within two weeks.

Operation was advised, consented to, and performed September 22, 1906. Incision was made through the old scar, the right rectus muscle being markedly thickened and edematous. Upon opening the peritoneum a mass was found consisting of the cecum, together with several loops of ileum and mesentery occupying the entire lower right quadrant, extending just beyond the left lateral surface of the bladder and upward half way to the umbilicus. It was very firmly attached to all structures,—anteriorly, posteriorly, and laterally,—so firmly in fact that it was impossible to separate

any part of it. A fine aspirating needle was introduced in several directions in the hope of finding a deep seated abscess, with no result. The absence of inflammatory exudate on the peritoneum rather ruled out the possibility of abscess and the failure to find any enlarged lymphatics seemed to negative the diagnosis of carcinoma.

A provisional diagnosis of sarcoma was made with infiltration of the right rectus muscle through the adhesions to the anterior abdominal wall. Tuberculosis and syphilis suggested themselves but were ruled out from lack of evidence. A cigarette drain was placed at the lower end of the wound in the forlorn hope that it might by chance after all be inflammatory and drainage become established along the puncture lines; or, if infection took place from the introduction of the needle, an avenue of escape would be afforded. Some serous discharge appeared from the drain for several days. The drain was removed on the fourth day; the temperature ranged from 100° to 101° F., and the patient's general condition remained at a standstill. About the fifth or sixth day reddening and induration of the skin were seen around the wound, together with the formation of blebs which ruptured and discharged a serous exudate.

The temperature began to go higher, ranging from 101° to 103° F., there was marked loss of weight, and increasing anemia. It seemed at this time his death must occur shortly, therefore, at his request, he was allowed to get up and go home at the end of two weeks. His weight by this time had fallen from 145 to 128 pounds, and blood examination showed hemoglobin 35%, erythrocytes 1,500,000 per cu. mm. As he lived near by he came frequently to the office to have the wound dressed. By this time granulations had formed making an area nearly the size of a hand. One day Dr. John Parmenter suggested removing some of the granulations for examination. This was about a week after he left the hospital, and three weeks from the date of operation. The specimen was sent to the pathological laboratory of the University of Buffalo, and examination was made by Dr. Charles A. Bentz.

Examination of the sections of the granulations did not support the diagnosis of sarcoma but revealed the presence of masses of ray fungi, staining fairly well with hematoxylin and strongly by Gram's method; the filaments branched freely but did not show clubbed ends in section. In teased fresh material clubbed ends were seen rarely and with difficulty, in fact their presence at all was somewhat doubtful. According to Wright (*Journal of Medical Research*, May, 1905) in rapidly spreading cases of actinomycosis little or no club formation may occur. (See Wright's Case 1, and remarks on p. 397.)

The masses of fungi were immediately surrounded by a zone of polynuclear leukocytes. The remainder of the sections gave the histology of granulation tissue, containing a few giant cells; plasma and mast cells were not seen. Both aërobic and anaërobic cultures were made but the only organism that grew was a coccus. The exact biological position of the fungus in this case must therefore remain in doubt, as it is probable that there are several varieties of ray fungi more or less closely related.

The patient's appendix had fortunately been preserved in alcohol and was secured for examination. A large number of sections from various points in the appendix were examined but no organism resembling actinomyces could be demonstrated.

The treatment instituted was both local and general. It was decided that the patient would be served best by acting as though the disease were actinomycosis although the position of the organism found in his case was somewhat doubtful. Furthermore, his death seemed inevitable unless some radical change occurred soon. Internally the patient was given potassium iodide, beginning with 15 grains before meals and gradually increased to 90, making in all 270 grains per day. After meals he was given a quarter of a grain of copper sulphate which was slowly increased to a third of a grain, making in all one grain per day. Locally the granulations were removed by the actual cautery. On alternate days there were injected deeply into the mass a 1% solution of copper sulphate on one day and iodine solution on the next, of about the same strength. The copper sulphate irritated the stomach considerably in the beginning but the patient being very persistent gradually overcame the difficulty; for in case he vomited the first capsule he immediately took another.

Local treatments, especially the injections, were very painful although morphine was frequently given before. In addition, an iron tonic was prescribed, together with much time spent in the open air, and plenty of nourishing, wholesome food. As a result of the treatment local and general improvement were noticed at once, so that the end of each week showed a definite gain both in blood and weight. From this time on his convalescence was uneventful. For purposes of comparison an examination, February 1, 1907, showed the following: Patient well developed and well nourished, weight 168 pounds., (15 pounds more than he ever weighed before), blood count normal. The mass and all induration have completely disappeared, leaving nothing but the scar of incision. He is able to work and according to his own statement never felt better or stronger in his life. At the present time, August 1, 1907, (ten and a half months after the operation), he continues to enjoy the best of health and has taken no medicine since April 1, 1907.

General discussion. Several questions of interest present themselves. In the first place, how did the infection occur and had it any relation with the attack of appendicitis about a year before? Three ways of infection may be considered. First, from an infected animal, which is not impossible in this case, for the patient faintly remembers that one of the cattle at the farm had some disease or other, but further than this he knows nothing. Second, through chewing infected pieces of straw, grass, or eating fruit which had been lying on the ground. Third, Wright, in the *Journal of Medical Research*, May, 1905, states his belief that it is probable that actinomyces bovis in the form of fragmented filaments may be a normal inhabitant of the mouth and gastrointestinal tract, and that a foreign body may abrade and irritate the mucous membrane thus opening up a path for infection.¹ Although the attack of appendicitis which preceded the appearance of the later infection, naturally suggests that some relation between the two may have existed, the writer has given all the evidence in his possession. It has already been stated that the exact position of the organism found in this case was not determined, but that the treatment was carried out on the assumption that the disease was probably actinomycosis. The question, which drug cured the patient is of interest. Unfortunately we do not know, for the patient's condition was so desperate it did not seem justifiable to try first one and then the other.

Bevan in the *Journal of the American Medical Association* November 11, 1905, reports several cases, in which the lesion was extensive, where the iodine salts and the x-ray failed to yield results, upon the addition of copper sulphate both locally and internally, marked improvement resulted. The suggestion is also made that possibly mixed treatment in certain cases may be more beneficial than either of the salts when administered alone; the treatment of actinomycosis in this respect resembling that of syphilis, for it has been found in the latter condition mixed treatment is often the best. Local as well as constitutional administration of these salts seems to have been of distinct value in the present case.

In conclusion I desire to express my thanks to Dr. Roswell Park for suggestions in treatment, and to Drs. Charles A. Bentz

1. In connection with Wright's View the following case is of interest. A tonsil was removed in the Dispensary of the University of Buffalo by Dr. H. J. Mulford, and was sent to the laboratory to be used for teaching purposes on the supposition that it was an ordinary hypertrophied tonsil. When sections were made a cavity was found in the interior which was lined by stratified squamous epithelium, and which contained large masses of Gram positive ray fungi, with clubbed end. The masses were surrounded by numerous polynuclear leukocytes. The epithelial lining of the cavity was apparently deficient over a small area close to the mass of fungus, or the epithelial layers were thinned out and infiltrated with polynuclear lymphocytes. A few large multinuclear cells were seen. On the whole, the neighboring tissue of the tonsil did not show greatly more evidence of inflammation than is common in inflammatory hypertrophy. Karyokinetic figures were abundant in the epithelium and in the germinal centers of the lymphoid tissue. (Notes of Pathological Laboratory, University of Buffalo.)

and Herbert U. Williams for their report on the pathological findings, and helpful suggestions in the preparation of this paper.
519 FRANKLIN STREET.

Aseptic Operative Technic.

By JOHN EGERTON CANNADAY, M. D.,

Sheltering Arms Hospital, Surgeon-in-Charge, Hansford, W. Va.

(Author's Abstract.)

THE author points out the advantages of a simple, logical and consistent technic. He says the surgeon must possess the instinct of cleanliness. The preoperative treatment is sketched in its principle essentials. The gastrointestinal tract is emptied of the bulk of its contents. The various details that go so far toward excellence of technic are described. Methods of skin cleansing are described and the more desirable antiseptic solutions are discussed. The proper method of putting on gloves so that the outside of the glove will not touch the bare skin is described and illustrated. Many operators defeat the end aimed at by lack of attention to these details. Especial attention should be devoted to the cleansing of and care of the hands and the keeping the skin in the pink of condition. The advantages of the layer sutures of absorbable material are pointed out. Subcutaneous suturing lessens wound infection and gives a neat approximation. Irrigation of the peritoneal cavity generally speaking is condemned.

In closing the author's conclusions are as follows: "That bichloride of mercury as ordinarily employed is useless and engenders a false sense of security.

That the bugaboos of prolonged scrubbing of the hands and arms, with rough brushes and reckless use of strong bichloride solutions favor rather than diminish the chances of infection in the long run.

That the iodine solution is comparatively nontoxic and highly antiseptic. Laboratory experiments have conclusively proved that as a germicide a 1:500 solution of iodine will do in five minutes what a 1:1000 solution of bichloride will take half an hour in accomplishing.

That persistent care of the hands and the wearing of gloves is of prime importance to protect the patient from the operator, and to protect the operator from the patient. The objections are slight as compared to many advantages accruing from their use. Face masks are advantageous in the prevention of wound infection. Longsleeved gowns are indicated for the sake of consistency in technic.

That irrigation and attempted drainage of the abdominal cavity are as a rule inadequate and harmful.

That whenever possible unabsorbable buried suture material should be avoided. That the evils of drainage are many and the indications for its use are few. When in doubt do not drain.

The Kelly's method of starvation diet to prevent the formation of scybalous masses that might tear newly united perineal tissues, and of locking the bowels for from ten days to two weeks to allow ample time for healing after plastic operations on rectum and perineum has many advantages."

Prophylaxis of Social Diseases.¹

By PRINCE A. MORROW, A. M., M. D.

(Author's Abstract—Maryland Medical Journal, September, 1907.)

I WISH to express my appreciation of the honor of being invited to appear before this representative body of the medical profession, members of the State Conference of Charities, and of the State Federation of Women's Clubs. It is a source of especial gratification to find so many men and women engaged in different spheres of social activity, uniting with medical men in the discussion of a problem of preventive medicine which has such important relations with the interests of the social welfare. This composite gathering exemplifies the solidarity—the community of interest and responsibility existing between the medical profession and social workers in all questions relating to the physical and moral health of the community. The office of hygiene is not limited to the care of the health of individuals; its broader function is to develop all those conditions which conduce to public health and which in its highest expression is inseparable from public morality.

It is generally conceded that medicine constitutes the most important department of human knowledge, and its value to humanity is largely measured by the degree in which it is applied to the prevention of disease.

Those of you whose charitable activities are directed to the relief of the dependent members of society, cannot fail to recognise that disease is one of the most important factors in the causation of the destitution which requires relief. The prevention of disease, which transforms the bread winner into the dependent upon charity, has a most important economic as well as humanitarian value.

The medical profession has long recognised that the fight against communicable diseases is not simply a struggle against microbes, but a warfare, as well, against bad social conditions, and, further, that the conquest of these diseases is not possible

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without the aid and co-operation of social agencies which can effectively intervene in the correction of the bad social conditions through which disease germs are spread. The value of the combination of medical and social agencies has been most signally shown in the warfare which is now being waged against the Great White Plague; its success has been rendered possible only by the education of the public and the effective aid of social workers and public-spirited citizens in the improvement of the housing and living conditions of the people.

With tuberculosis, perhaps more than tuberculosis, social diseases constitute the greatest social scourge of our modern civilisation. This class of diseases has been aptly designated "The Great Black Plague." Working in darkness and disguise, protected by their privacy, their shame and their secrecy, they infect, unseen, the social body. Without the pale of public interest or sympathy, unfettered by any semblance of sanitary control, they have been practically abandoned to their own evolution. Their neglect has always been considered the reproach and their prevention the despair of sanitary science.

It is a sign of progress and a hopeful augury of success that men and women representing influential social organisations have signified by their presence here today their willingness to join forces with the medical profession in a socio-sanitary movement which, it is hoped, will limit at least the diseases we wish to prevent.

It is eminently fitting that women should interest themselves in this movement for the prophylaxis of social diseases. It is upon women that the burden of shame and suffering, of disease and death, is chiefly laid—not so much, perhaps, upon that unfortunate class who are regarded as the chief agents in the propagation of these diseases, but upon pure women, who do not always find, even in the sanctuary of marriage, a safeguard against "the diseases of the women of the streets." By a strange irony of fate, the diseases of vice transplanted to the bed of virtue often become intensified in virulence and danger; their worst effects are developed in fulfilling the functions for which marriage is instituted. It is not alone upon the virtuous wife, but upon the children who are a part of her being that the blighting, destructive force of this social scourge most heavily falls.

Before an exclusively medical audience it would scarcely be necessary to refer to the pathological significance of the class of infections comprehended under the general term "social diseases," but before a mixed audience brief reference may be made to their extensive prevalence and their dangers to the individual and society in order to emphasise the importance of the prophylactic work which it is hoped may be inaugurated in this city.

As these diseases are not subject to official registration, there are no available statistics which enable us to formulate the amount of venereal morbidity in this country. Competent European observers state that 75 per cent. of the adult male population have or have had gonorrhea, and 10 to 18 per cent. contract syphilis. It would be a conservative estimate to state that the morbidity from both these infections would represent 60 per cent. of the adult male population in this country. While these diseases may occur at any period of life, they are essentially maladies of early life, probably 60 per cent. of infections occurring before the twenty-fifth year.

The danger of these diseases is measured not only by their effects upon the health or life of the individual, but upon the family and the race. Our conception of their pathological import has been singularly amplified by the acquisitions made to our knowledge within the last third of a century, especially of the serious nature of gonococcus infection in women. Gonorrhea, in addition to its local inflammatory complications, is often the cause of permanent sterility in the male. It has a much wider range of morbid action than was formerly supposed; the gonococci are susceptible of being taken up in the circulation, producing serious and deforming inflammation of the joints and lesions of internal organs which may terminate fatally.

The significance of syphilis as a danger to health and life is not measured so much by its immediate effects as by the changes it sets up in certain internal organs essential to life; such as the brain, liver, heart and arterial system, and which are the cause of death at a more or less remote period. Many of these serious manifestations occur after the tenth year of the disease, and are especially liable to involve the nervous system. It is estimated that 90 per cent. of cases of locomotor ataxia, a large but indeterminate proportion of the paralyses and general paresis are caused by syphilis.

Recent investigations in the French insane hospitals show that 25 to 39 per cent. of deaths in those institutions may be traced to syphilis. The chief significance of these diseases as a social danger comes from their introduction into married life. It is the popular impression that they are spread exclusively through illegitimate sexual relations. Unfortunately, a large proportion of men contract these diseases at or before the marriageable age. Many of them marry, ignorant of the fact that they are bearers of contagion to their wives and offspring. Gynecologists tell us that 80 per cent. of the inflammatory diseases peculiar to women and 50 per cent. of all the operations performed by surgeons on the maternal organs are the result of gonococcus

infection. One specific effect of this disease upon the pelvic organs of women is to extinguish the conceptional capacity. It is estimated that 50 per cent. of gonorrheally infected women are rendered permanently sterile.

While gonorrhea is not susceptible of hereditary transmission, it is liable to infect the eyes of the child at birth. Eighty per cent. of the ophthalmia of the new born, and 15 to 20 per cent. of all blindness is attributed to gonococcus infection, to say nothing of the vulvo-vaginitis, the arthritis and other accidental infections of children in family life. If the wife is infected with syphilis, in addition to the risks to her individual health already referred to, the disease may be transmitted in full virulence to the offspring, killing them outright or resulting in physical and mental weaklings. From 60 to 80 per cent. of syphilitic children die before being born or shortly after birth; those that finally survive are subject to various organic defects and degenerative changes, which are susceptible of being transmitted to the third generation. It will thus be seen that diseases of this class, from their specific effect upon the reproductive organs, their damage to the procreative capacity, their deteriorating influence upon the offspring, constitute the most powerful foes to the productivity, the vitality and physical progress of the race.

It was the recognition of the significance of these diseases as a social peril that was the impelling motive to the inauguration of the work undertaken by the American Society of Sanitary and Moral Prophylaxis. It was believed by those who started this movement that it was time to break with the existing policy of silence and inaction, and to organise a social defence against a class of diseases which are most injurious to the highest interests of society. The basis of any intelligent scheme of prophylaxis is the adaptation of its measures to the causes of the disease and the conditions under which it is spread. While sanitary science has been reproached for its utter inefficiency in evolving any practical scheme of control, it is evident that the prevention of social diseases cannot be treated as a purely sanitary problem. Their causes reside in conditions which lie entirely without the sphere of sanitary control, and their communicative mode cannot be reached by repressive measures. It was determined to enlist the co-operation, as far as possible, of all the social forces which could render effective aid in the corrections of the conditions of which these diseases are the outgrowth.

From whatever standpoint this field was surveyed, the indifference of the public, the reckless and voluntary exposures to infection, the marital contaminations, the hereditary horrors, the most obvious causes seemed to converge and center in the focal

point of ignorance. The public is indifferent because ignorant of the extent and significance of venereal morbidity; the young who voluntarily expose themselves do not know the veritable danger of these infections, nor the imminence of this danger; the men who carry disease and death into their families are ignorant of the laws of venereal contagion, its varied and multiple modes; they do not know its terrible consequences to their wives and children. While there are other and contributory causes, the basic cause is ignorance. The keynote of this movement, then, was sounded as a campaign of education, a crusade against ignorance. This ignorance on the part of the public is not surprising in view of the fact that both social sentiment and professional ethics have always united to cover up and conceal these diseases; all the educational agencies of our social life are organized upon a basis of silence as to their existence even. On the part of the young, ignorant of the dangers which come from the irregular exercise of the sex function is compulsory; sound sex instruction is forbidden as improper; parents, teachers and scholastic instructors are banded together, a complicity of silence.

The public cannot be expected to seek deliverance from a hidden danger, the gravity of which it is utterly incapable of measuring, and the reality of which it scarcely suspects. The first indication is to turn on the purifying light of publicity, to give to the public a knowledge of the facts which so vitally concern its interests, the extent and dangers of the diseases to the individual and to society, and their modes of contagion, direct and indirect. It is necessary to educate the conscience as well as the intellect of the people in order to create a public sentiment in favor of this work which will lead to an intelligent and active co-operation. It is only by opening up the humanitarian aspects of the situation, by exposing the dangers to the innocent members of society, that the conscience of the public can be touched and aroused to the significance of these social crimes and the moral obligation to aid in their prevention. There is needed not only a change in the apathetic attitude of the public, but a change of traditional ideas, of the mental attitude of the public toward the sex problem—a reversal of the policy of our educational system which now forbids instruction in the laws of life and sex.

The ideal of a good education to which most parents cling is one which entirely ignores the existence of sex, that most important fact of life. All thinking men must recognise that the development of the sex function is intimately associated with the physical, mental and moral growth of the individual. Sex is the physical basis of love, of the family sentiment, even of the existence and prosperity of society. The object of education is to fit the individual for complete living, which includes not only self-

preservation, but self-perpetuation. From earliest infancy instruction is given about the functions of the body essential to its maintenance, the care of the stomach and bowels, what to eat and drink and what to avoid, but no word of advice as to the care or warning as to the abuse or irregular exercise of that function which, from a biologic point of view, is the most important function of the human body. One lesson, indeed, the majority of parents give, viz., that the system of generation is a system of shame. This impression is so grounded and fixed in the mind of youth that it is apt to dominate his mental attitude throughout life. This sex instruction of their sons, so inauspiciously begun, is then committed to haphazard sources, to servants, to older and dissolute companions, to quackish literature, to be completed, too often, by harlots. Our educational program proposes to fill this glaring hiatus in home and scholastic instruction, to take account of the sexual organisation of the individual, the origin of facts of life and sex which are now regarded as forbidden subjects.

As I have elsewhere said, the function of the medical profession is to insist upon the value of this education and supply the requisite knowledge, intrusting its practical application to those who command the facilities and are better qualified by experience and a knowledge of specific methods. This education should be begun early, before sensuality is awakened and the curiosity of youth in regard to the mysteries of life and sex takes on a dangerous turn. Upon this foundation should be built, later, instruction in the physiology and hygiene of sex, which should include the true purpose of the sex function, its essential dignity, and, further, that its impulses should be educated, controlled and directed in a proper channel. Later he should be taught the dangers, both physical and moral, which come from the irregular exercise of the sex function. The high purpose of this education is to teach young men how to live according to the laws of a healthy nature by letting them know what those laws are. It aims to promote clean living by cultivating a right attitude of mind toward the passions and appetites; its essential object is to promote continence as the surest prophylactic against venereal infection. This innovation proposes to substitute sound, sanative and wholesome knowledge of the sex function for the erroneous and demoralising instruction the youth now receives from ignorant and often vicious sources.

Sound knowledge never does harm; it is knowing things wrong that does the mischief. A celebrated Grecian philosopher has said "the most needful piece of learning for the uses of life is to unlearn all that is untrue." This applies with especial force to the existing knowledge of young men of the present generation

in sex matters. It is important that the young man who has had no sex instruction except what he has picked up from ignorant or vicious sources should unlearn the untruth "that the sex function is given solely for sensual pleasure;" he should unlearn that "the exercise of this function is essential to his health and that he has a natural right to indulge his sexual impulse as he pleases;" he should unlearn all those physiologic fallacies upon which the sexual necessity and the conventional standard of morality are based, and especially should he unlearn the ethical heresy that one-half of humanity has imperious duties which the other half may repudiate or disclaim.

While proper sex instruction may trench upon the domain of morals, it is not suggested that the physician should usurp the function of the religious or ethical teacher. It is the province of the physician to teach the hygiene of all the functions of the body; it is his duty to warn against the exercise of any function under conditions which cause disease. The irregular exercise of the sex function, whether it is termed "incontinence" or "immorality," is the direct cause of that vast mass of misery and disease we are now considering. If continence in young men is healthful and compatible with the highest physical and mental vigor, if incontinence is the frequent cause of their physical and moral wreckage, it is the duty of the physician to warn against promiscuous cohabitation. "Physicians," declares Dr. Osler, "should be the apostles of continence." The teaching of continence does not imply, as has been asserted, a Pharisaical assumption of superior virtue; it is an impersonal interpretation of the physiologic laws of man's nature as developed by science and confirmed by experience. In the matter of sex relationship the teachings of hygiene and morality are in complete accord.

In thus emphasising the value of instruction in the physiology and hygiene of sex as a chart for the regulation of sexual conduct, we do not undervalue the teaching which properly comes within the province of the clergy. Hygienic teaching should be reinforced by an appeal to the conscience, so that the duty of clean living may be impressed with the force of a moral obligation. We may now inquire what measure of preventive value we may reasonably expect from this education. No one indulges for a moment the illusion that it will prove an infallible corrective of incontinence. It is believed, however, that many young men when fully instructed as to the peril to the body, the mind and the character which comes from licentious living will choose the safer path of continence until they marry. The chief value of general enlightenment will be the safeguarding of marriage from venereal infection. It is inconceivable that the havoc wrought by these diseases in the home and family will continue when men

realise the fearful consequences of marrying with an uncured venereal disease. An enlightened public opinion, which is the strongest force in the evolution of the conscience of the race, will no longer tolerate these social crimes.

I have thus dwelt, and I fear at a wearisome length, upon this, the most important feature of our program, because I believe that the chief hope of success in the work before us lies in the hygienic and moral education of the rising generation. Before dismissing this part of the subject, allusion may be made to that cynicism which, masquerading under the guise of common sense, declares that the impelling motive to licentious relations between men and women cannot be restrained by any considerations of health or morality, of consequences to themselves or others. This despair of educational and moral influences would paralyse all the efforts now being made in every department of social life to correct its abuses, to raise its ideals and to promote its welfare.

The prophylactic value of treatment is so evident to medical men that only the briefest mention of this part of the program will be made. Its chief object is to prevent those already infected from infecting others by promptly sterilising sources of contagion. To accomplish this object the provisions made for the treatment of these diseases should be enlarged, and made available to all, not so much in the interest of the patient himself as in the interest of others he might expose to infection.

As the question of the social evil is to form the subject of another paper on the program, I will touch but briefly upon what generally is regarded as the crux of the entire situation. Certainly there can be no intelligent or comprehensive system of prophylaxis framed which ignores the relation of cause and effect between the social evil and social diseases. It is well, however, to clear away a misconception which exists in the minds of many as to the measure of responsibility of public women for the spread of the diseases of vice. In the ordinary conception, the prostitute, with her cortège of infections, is the exclusive cause of their propagation; but, while the prostitute is the chief source, she is by no means the exclusive agency in its spread; she is but the purveyor of the infection; she returns to one or several consumers the infection she has received from another consumer. It is not the prostitute, but her partner, who carries the poison home and distributes it to his family. It is the husband and father who is the responsible cause of the wreckage of the health and lives of innocent women and children.

Now, the responsibility of the male factor in the spread of these diseases has always been minimised. This constitutes the radical defect of reglementation from a sanitary standpoint. No more inefficient or incomplete sanitary measure could be devised

than the examination of public women with the view of eliminating sources of contagion while the male factor in the spread of disease is entirely ignored. If the woman's body is found diseased it is withdrawn from circulation until it can be certified as safe for the consumer, while the latter is permitted to contaminate other women without the shadow of control, even to carry the contagion into his own family. Sex may qualify morality, but it does not qualify the laws of contagious disease. The sanitary feature of this system is condemned by its practical results, without reference to objections on moral grounds. This same unilaterality is manifest in the condemnation of woman as the chief offender against morality. All the so-called "moral crusades" are directed against women alone. In the descent upon disorderly houses the unfortunate women are fined and imprisoned, while the men who are there for the same immoral purpose are allowed to go scot free. I have long ago stated my conviction that the reversal of this one-sided policy—treating men and women precisely alike—would break up these houses.

In tracing the essential cause of prostitution we find that, while socio-economic conditions are contributory causes, we must face the fact that the taproot of this evil is grounded in the polygamous proclivities and practices of man. More than the inherited tendencies to vice in certain women, more than the love of finery and luxury, the laziness, the economic dependence, the force of want that impels many of them along the road to ruin, more than all these and other alleged conditions, the chief cause is the unbridled instinct of man, which, in seeking the means of its gratification, creates the supply to satisfy the demand. The prostitute is largely the creature of man's sensual appetite. The methods of dealing with the social evil have been based upon a recognition of this demand as a necessity for men, and they fail because they endeavor to correct the effects without touching the cause.

As the work of the society has thus far been directed chiefly along educational lines, it can hardly be said to have a definite policy in dealing with the social evil, except that it rejects all measures which ignore the moral issues involved. My own personal view is that this problem should be approached through educational and moral influences rather than by legislative intervention. Efforts should be directed not to making prostitution safe, but to prevent the making of prostitutes. The first indication is to lessen the demand by influences and agencies which act upon the intelligence and moral sense of the individual, by education in the law of sex which teaches that the sexual instinct should be educated, restrained by reason and directed into a monogamous channel, by exposing the danger to the phy-

sical health and moral character which are inseparable from licentious relations—dangers which may destroy his reproductive powers or blight the health of his children. This instruction would be incomplete without impressing upon young men that the use of alcohol is one of the most powerful of all influences inciting the sexual debauch.

The second indication is to curtail the sources of supply by throwing additional safeguards around young women of the working classes and the large population of homeless and friendless girls, from which the ranks of prostitution are chiefly recruited. This may be done through education and the aid of those social agencies which have been organised for the protection of young women. A vigorous and unrelenting fight should be made against the purveyors of prostitution—the white-slave trade, the cadet system, the employment agencies, personals in the newspapers—against proxentism in all its forms. Quack advertisements should be suppressed as one of the most powerful agencies in the spread of venereal infection. They minimise its dangers, and, by giving deceptive assurance of cure, the victim goes on spreading the germs of danger in ignorance that he is the bearer of contagion.

In conclusion, brief reference may be made to the experimental work done by the Society of Sanitary and Moral Prophylaxis since its organisation in New York over two years ago. It was recognised that this was a new and untried field, and it was necessary, first of all, to study the situation. Since the evil we wish to correct is largely the result of ignorance, the first indication seemed to be the enlightenment of the public as to the magnitude and significance of the evil. The work of publicity has been especially difficult because of the uncompromisingly adverse attitude of the newspaper press, which excludes all mention of this class of diseases. Through one channel or another, however, this knowledge is generally getting into circulation. The next indication appeared to be the education of the rising generation in sex matters. Sex instruction, which contemplated an innovation upon the established educational system, was recognised to be not only delicate, but exceedingly difficult, as it ran counter to deeply-rooted prejudice, as well as traditional custom. Much study has been given to the character and scope of this education, the age at which it must be given and the agencies through which it should be imparted. The education of the young men and women of the working classes, and the men of the army and navy service, has also been the subject of careful study. The subject of throwing additional safeguards around marriage, ethical as well as legal, has been considered. The results of these studies appear in the transactions of the society, recently issued.

Since the ordinary channels of communication with the public are closed, the educational work of the society has been attempted through pamphlets, tracts, leaflets and through conferences and lectures in schools, colleges, settlements and in various social organisations. The instructors in the physical training department of the Y. M. C. A. have shown a most cordial willingness to co-operate in this educative work. Many teachers, instructors and pedagogists in various institutions throughout the country have exhibited, by letters of inquiry and commendation, a deep interest in this movement. Charity organisations, humane societies and women's clubs are becoming interested. While physicians generally have not responded to the demands of this work with that spontaneity and enthusiasm which was hoped for, yet the best element in the medical profession and a large and influential lay element have become members of the societies organised in various cities.

The progress of this movement cannot fairly be measured by the results of actual accomplishment. Seed has been sown which, it is believed, will germinate and bear fruit later on. "Education Within the Medical Profession," which formed the subject of one of the first papers read before the society, is actively going on through papers and discussions in medical societies, clubs and associations, and many physicians who had not kept pace with the recent advances made in our knowledge of the social dangers of these diseases are now becoming impressed with the importance of this work. One result of this movement which serves to show the breach made in the walls of traditional prejudice is illustrated by this gathering here. Thanks to the change in professional and social sentiment, we have now the courage to bring out in the open this forbidden topic which the medical profession has always discussed behind closed doors, to show this social scourge to the public face to face, to even pronounce its name without fear of shocking the sensibilities of a public audience.

Finally, the work in which your co-operation is solicited is difficult, and, there is no disguising the fact, is unsavory, even distasteful. It will never receive the endorsement of fashion or society, nor gain the plaudits of the multitude; popularity will never perch upon its banners; it can be undertaken only from a sense of duty. This duty imposes upon the medical profession a responsibility which cannot be evaded, and upon all those interested in the social welfare a moral obligation which cannot be disregarded. It is a work not only in the interests of preventive medicine, but for the good of humanity, and, in the words of the illustrious Pasteur, "when there is question of good to be done, our duty ceases only with our ability to do more or do better."

ABSTRACTS.

Hay Fever

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ABOUT the time that the hay is all carefully stored away is the mow out of the rain then we have to combat hay fever. The proper time to write on this subject would be after the close of the season, for hindsight is much better than foresight on this as well as many other questions. I think we made some distinct advance on this line last season, and to recall attention to the study of this trouble, to express the hope that we will make still greater advance this season, and possibly add my mite is the object of this paper.

AIR FILTRATION.

The filtration of the air which enters the nose is a matter of much importance. This is why the growth of hair is there and is why many ointments help simply by stopping the pollen which the air contains. Bits of cotton have been inserted in the nose with some benefit. Apparati have been used consisting of rings made of cork, hard rubber, or, best, of German silver. These rings have stretched over them thin linen or chiffon silk. They are placed within the nostril perhaps a half-inch up, so that all the inspired air must pass through them. Many patients obtain much relief by sleeping with a thin moistened handkerchief over the face.

HAY FEVER AMENABLE TO NO SPECIFIC TREATMENT.

H. Holbrook Curtis considers hay fever a disorder amenable to no treatment of a specific nature. About one-third of the cases of hyperesthetic rhinitis are from other causes and other pollens than the ragweed. About one-third of the cases supposed to be due to pollen reaction may be relieved by constitutional and surgical methods of treatment. Predisposition to attack in these cases being due to definite causes, would suggest the view that induced enervation of the sympathetic is an important factor in the etiology. Primary intoxications may take place from pollen toxins in cases where the sympathetic system is not previously enervated. These cases theoretically should react to antitoxine treatment. The consensus of opinion today is against pollantin, though the observers instructed personally by Prof. Dunbar endorse unqualifiedly the great benefit to be derived from the treatment. Medically, the suprarenal capsule products hold the first place in the treatment of hypertrophic rhinitis. The importance of constitutional treatment as an adjunct to any local application

is of supreme importance. The best of all treatments yet found is the climatic, with primary attention to the nasal condition.

THE USE OF MORPHINE AND COCAINE IN HAY ASTHMA.

Though most of the text-books call attention to the great danger from the administration of morphine and cocaine in asthma, this fear is probably overdrawn. Most practitioners find that it is necessary to use one or both in severe cases before relief is obtained, and it is generally found that when the distress disappears the desire for these insidious remedies is also gone. If carefully watched and kept under the control of the physician these drugs are not very dangerous in this disease and form a very necessary part of the treatment. Especially is this true of those cases where the attacks occur at rare intervals, that it is safe to use morphine and cocaine with caution. More care is necessary in those cases where the status asthmaticus is more or less constant. It is an important thing to know that quite small doses will furnish a remarkable amount of relief, and, in fact, less than the ordinary sized doses are required. When we note that the patient is demanding larger doses, then is the time to reduce, stop or switch the drug. To repeat: these two remedies are of much use in these conditions and are not as harmful to the patient as most of us believe in hay asthma.

THYMOL IODIDE IN HAY FEVER.

This has been found of much service. It is used on the theory that the point of departure of the reflex irritation which produces hay fever is situated in the mucous membrane of the antrum of Highmore. The thymol iodide should be insufflated through the orifice of the maxillary sinus situated in the middle meatus of the nasal chambers. It should be applied with a fine powder insufflator with a curved cannula. The relief is quite marked and of long duration, though in some it is necessary to repeat the application.

THE NERVOUS SYMPTOMS.

These are of great prominence in hay fever, and should be given due consideration. All hurry and worry should be avoided. The patient should live the simple life as to habits, diet and sleep. Rich foods are especially to be avoided. Dark glasses add to the tranquility of the eyes.

DUNBAR'S POLLANTIN.

This remedy, though not proving as beneficial as its advocates thought it would, yet it is distinctly palliative in 30 to 60 per cent. In about 30 per cent. of cases both pollantin and suprarenalin fail to give any effect. The nose should be thoroughly cleansed with

alkaline solutions. The application should be thoroughly made and the patient should lie down for ten or fifteen minutes after the application.

SUPRARENALIN.

This remedy is best given in tablets put up with a very small amount of milk sugar, each tablet containing from one-fortieth to one-tenth grain. This should be placed upon the tongue and allowed to melt there. It is not proper to swallow it as a pill. This can be repeated in the course of from ten minutes to two hours according to necessity. The need of repeating depends on whether the patient remains at home or goes out in the dust, bright sun, or in the country. It varies also in different individuals.

The following are some good formulæ:

Suprarenalin,	gr. 1-6 or 0.01
Adeps lannæ	
Adeps benzoati, aa,	dr. i or 4.00
Petrolati,	

Mix well and dispense in tubes.

Suprarenalin,	gr. 1-6 or 0.01
Adeps lannæ,	dr. i or 4.00
Unguenti zinci oxidi,	drs. ii or 8.00
Ol. olivæ,	drs. iiss or 10.00

M. S.—Dispense in tubes and apply in the nasal passages.

Suprarenalin,	0.01
Zinci stearat. comp.,	1.00
Magnesie carbonatis,	9.00

M. S.—Triturate well and use as a snuff.

Suprarenalin,	0.01
Bismuth subnitratis,	3.00
Zinci oxidii,	3.00
Zinci stearatis,	2.00

M. Triturate well and use as a snuff or in a powder blower.

A good spray formula:

Cocaine hydrochl.,	1.00
Adrenalin (1:1,000),	4.00
Normal salt sol.,	60.00

M. S.—Use as a spray in the nose.

R-Cocaine hydrochloratis	1.00
Sol. Adrenaline	(1-1,000) 10.00
Sodii Chloridii	0.75
Aquæ Destillatæ ad	100.00

M. S.—Use as spray in the nose reclining for 15 minutes thereafter.

For the asthmatic paroxysm—in hay fever: give 1/10 grain tablet, on the tongue, of suprarenalin, allow it to dissolve and repeat in 10 or 20 minutes if necessary. Suprarenalin or adrenalin solution 1:1,000 or diluted five or ten times may be applied to the nose by spray or on cotton, the patient taking the recum-

bent position for 10 or 15 minutes to allow the medicine to gravitate to all parts of the nose. The quickest means of obtaining relief is to administer suprarenalin or adrenalin hypodermically in ten or twenty minim doses. Most practitioners find it necessary to use morphine or cocaine or both in severe cases before relief is obtained. It is generally found that when the distress is gone the desire for these insidious remedies disappears. These two remedies are of much use in these conditions and are not as dangerous in inducing a habit in hay asthma as most of us would believe.

ATROPHINE SULPHATE AND HYOSCYNE HYDROBROMATE.

These remedies in very small doses are beneficial—for instance, given in doses of from 1-2500 to 1-500 grain.

DURING THE ASTHMATIC PAROXYSM

give 1-10 grain tablet suprarenalin on the tongue and repeat in ten or twenty minutes if necessary. Suprarenalin or adrenalin solution 1:1,000 may be applied to the nose by spray or on cotton. The quickest means of obtaining relief is to administer suprarenalin or adrenalin solution, 1:1,000, hypodermically, in ten to twenty-minim doses.

REPETITION OF PRESCRIPTIONS.

Any contract between physician and druggist whereby the former is to receive a commission from the latter, for sending prescriptions to him, is illegal and against public policy.

MISCELLANEOUS.

The first essential in the successful cure of sciatica, the hip gout of Pliny, is a thorough knowledge of the individual patient in hand. An exact diagnosis of the conditions is one of the first and last means of cure.

As treatment in internal cephalhematoma has not yet been attempted; as the internal is almost always associated with the external variety, the latter situated directly over the former, in the writer's opinion it would be advisable to trephine the skull to evacuate the tumor.—E. S. McKee, M.D., Cincinnati *Lancet-Clinic*, vol ii, 1883, p 322; also first and second editions of Wood's Reference Handbook of the Medical Sciences. This operation is now being recommended as an original idea.

There is an evident connection between the nose and the sexual organs which is especially well marked in dogs. Sexual excesses are a causative factor in rhinitis as are also smoking and alcoholic excesses. In all cases of recurrent coryza where cocaine is prescribed do not forget to ad "Ne repetature."

Professional Secrecy and Syphilis.

E. S. MCKEE, M. D., Cincinnati.

This was the subject of an address by Professor Parisot on taking his seat as President of the Société de Médecine de Nantes. He took up the discussion of French practitioners in relation to article 378 of the penal code, which forbids the disclosure of professional secrets except in cases where the law requires it. In 1892 the law was set aside so far as to allow of the notification of professional diseases, epidemic in character. No professional prejudice ought to be allowed to obstruct a law which is eminently useful, but if it is desirable to notify mumps and measles on account of their contagiousness and danger to the public good, why not include syphilis? True it is that it would be difficult to get medical men to report these cases, probably more difficult than to get them to report the births of illegitimate children, and there would be the danger of patients refusing to consult a doctor in such cases if it entailed publicity. We have, in fact, many persons now who refuse to call a physician in mumps or measles to obviate the restrictions resulting from being reported under the contagious disease act. He had even noted this occurring in patients suffering from so serious a disease as smallpox. Effective measures should be taken to prevent anyone suffering from syphilis from communicating it to innocent persons. Parisot maintains, justly, that one who would knowingly communicate this terrible malady is a criminal who should be made to suffer the extreme penalties of the law. If parents engage a healthy wet nurse for their syphilitic child it is the duty of the medical attendant to warn her of the danger without naming the disease. Neglect to do this renders him liable, as the instance cited in the court of Dijon, May 14, 1868.

Parisot is of the opinion that where the practitioner is called by the employer to prescribe for a servant and discovers her to be suffering from syphilis, he should give her a written diagnosis, with directions what to do and what to abstain from in order to prevent risk from infection, and a prescription for the necessary remedies; then, if asked for his opinion as to the nature of the case, he can refer the employers to the servant, stating that he has given his opinion to her in writing, and that she is the proper person to inform them if she sees fit.

One of the most difficult and trying questions which comes to torment the medical man is that of the patient who, in spite of solemn warnings, insists on getting married. It is best to stop such inquiries in the onset. We should never discuss with a third party the case of a patient requiring discretion without the patient's permission. Of course, the rigor of the law is often

deplorable and goes directly contrary to one's conscience. It is to be hoped that there will some day be legislation for the control of syphilis, and the hope of the total eradication of all contagious diseases will be realised. The opinions of old practitioners who have practised for many years in the same locality and observed the dangers of the present system over two or three generations of families ought to be of value on this subject.

The Ethical Side of Professional Secrecy in Relation to Venereal Disease.

Venereal disease is without doubt considered by modern medical science as one of the greatest scourges the human race has to combat. The one formerly considered comparatively trivial, gonorrhoea, is, at least in its results, the more to be dreaded of the two. The sin of the infected is constantly visited upon the innocent, and entails on countless thousands sterility, insanity, and a host of maladies, to the very great danger to the state. Death would be more welcome than life to many sensitive and honorable persons polluted by these shameful diseases, accompanied by the knowledge that the evil may be transmitted to children. Thou shalt not murder, is the highest law, human or divine. Law, however, permits us to kill under certain circumstances. For instance, in self-defense. Abortion, criminal if committed with evil intent, is lawful if performed to save the mother's life. Now, if this great leading law, "Thou shalt not kill," is subject to limitation, it seems that the duty of physicians to conceal what they have learned of a patient's condition would be overshadowed by the (to them) undoubtedly paramount duty, viz., the saving of life and the preservation of health. It seems, also, from a lawyer's view of the case, that where the preserving of a patient's secrets conflicts with the higher duty to the individual or the state, the former should yield. In law, he who aids or abets a crime is himself a criminal. Morally, he who consents to a wrong which he might prevent, is a criminal. He who communicates a venereal disease inflicts a very great bodily injury upon that person and a wrong to the state. The law justifies homicide committed in resisting great bodily injury, and would thus justify the killing in order to prevent wilful infection.

The articles of war of the United States army expressly provide that an officer or soldier committing an outrage on a woman in an invaded district may, if caught in the act, be shot on the spot, or may be punished by courtmartial by death. Poisoning weapons or wells or sending out infection in any way, is forbidden in civilised warfare. If this is true with reference to an enemy, why is not poisoning the springs of life in those most entitled to

love and protection equally so? Upon what ground is any one who intends to deliberately spread contagion entitled to any protection? This is, indeed, a hard question, and much more difficult from the side of the physician than that of a lawyer. It would seem that the physician, knowing that an infected patient is about to carry his contagion to a pure person, and perhaps to persons unborn, is justified in both law and morals in preventing the proposed wrong by disclosing his knowledge, if no other way is open.

Under our system of jurisprudence, medical men reporting venereal diseases might be held liable in two ways: First, it is slanderous to say, and libelous to write, that a person is so affected; for both slander and libel a civil action lies against the defamer, in which, as a general rule, the truth is a complete justification of defense. For libel, *i.e.*, written defamation, a criminal action also lies, to which it is a defense to show that the libelous matter is true and was published from good motives to justifiable ends.

Prescribing vs. Dispensing.

The doctor who enters the chamber of suffering at the hour of midnight, armed only with a pencil and a piece of paper, is as unwise as the soldier who rushes to repel the midnight attack of the enemy leaving his arms and ammunition in his tent. A drug administered at once by the hand of the physician to a patient in dire distress is certainly more satisfactory to both the physician and patient than a prescription written on a piece of paper. In a few minutes both the physician and the prescription are gone and the time of their return in doubt.

The general practitioner should keep on hand remedies for the relief of severe pain, emptying the stomach and bowels quickly, antidotes to carbolic acid and a few of the more popular poisons. Heart stimulants, aromatic spirit of ammonia, strychnine, nitroglycerine, amyl nitrite, alcohol if to hand, are at times and under circumstances, worth their weight in gold. The general practitioner should neither dispense nor prescribe exclusively, but adhere to the happy medium doing part of each, as best for both patient and himself.

Dispensing physicians have more than once been the object of legislative attack, but the universal decision has always been that the right to furnish medicines to his patients is inherent in the physician, and it is not probable that the legislature will attempt to deprive him of it or that the court would sustain any such an attempt if made.

The writer while not anxious for or expecting the job if he

were ever called upon to get up a revised edition of the human frame, would put the calf of the leg in front of the shin bone, enlarge the rectum, excise the bladder and turn the ureters into the rectum, thus giving a person two or three loose stools per day, chicken like, do away with constipation and cease making a sewer of the sexual organs. The druggist had some very fine painkiller, his own make, which he recommended very highly to his undertaker neighbor saying: "If you take this once you will never take any other." "No, thank you," said the undertaker, "I do not care for any, but I will recommend it to all my acquaintances."

Legal Pharmacy

Meyers Brothers' *Druggist* has started a department of legal pharmacy. This department is under the efficient editorship of Mr. L. Frank Ottofy, of St. Louis. Among the interesting items contained in the July number is the citation of a case in New York in which a woman applied to a pharmacist for something with which to wash out a cut on her husband's knee. He gave her a bottle on which, among others, was the words "Poison, carbolic acid." The knee after the use of this turned black and caused serious trouble. It was found on analysis to contain between 86 and 90% of carbolic acid. The druggist was sued for damages and a verdict was given in the lower court for the plaintiff, the court holding that it was negligence for the clerk to sell a preparation of such dangerous character as was furnished in this case on a request from a customer. The court held that the remedy, if not efficient, should at least be harmless. It was held that the act of the clerk was chargeable to the master, and this decision, holding the druggist liable in damages, was confirmed by the Supreme Court of New York.

Osler on Medical Women

Prof. Wm. Osler delivered the address at the London Medical School for women at their recent commencement. He did not say that all women practitioners should be chloroformed; in fact, he never said that of anybody. He told the graduates that many women were especially adapted to work on the highest problems of scientific medicine. He cited bacteriology, histology and even pathology as peculiarly suitable to them. Asylum work was another important line for their fitness. He would be glad to see one or two women physicians in every asylum. General practice was so hard for men that he was sorry for the woman who had to face it. As to restricting them to a special practice among

women and children, which many would like to see, Osler remarked that women did not believe much in men, but that they believed less in women. This last remark was greeted with cheers when he added that this was one of the serious problems in connection with the progress of women. His advice to them was to so conduct their lives that others would have trust in them. He thought that the work of inspection of schools could be done better by women than by men. He thought that in the mission fields, especially in foreign or Mohammedan countries, there was room and to spare for women in medicine.

The Partially Insane.

It has been said that the sane majority put the insane minority in asylums just as in politics the majority puts the minority out of office. It has been surmised that as the insane minority is increasing so rapidly they will, in time, constitute the majority and put the sane minority in the asylums for acting queer, just as in politics when the minority grows till it becomes the majority puts the former majority in seclusion. We have, however, a very large class of half-crazy people who in politics would be designated as "on the fence." In view of this semipsychic weakness the community in which these semi-unfortunates live owes to them the necessary care and treatment, and to itself measures to protect itself from their misdeeds. Here we find ourselves right in the midst of the question of partial responsibility. It is unjust to punish the partially insane as though he were entirely sane, and it is quite as unfair to restrain him as though he were actually insane. Grassett, of Montpelier, in a very suggestive monograph entitled "*Demi Fous et Demiresponsibles*" (*Bibliothèque de philosophie contemporaine*), suggests as a partial solution of the problem that institutions or special asylums be established by the state in which it could take proper care of or punish individuals of partially defective mentality, or the half-crazy people, and that the courts should take proper cognisance of this important and numerous class of people and treat them properly. Grassat considers the born criminal of Lombroso as semi-insane. We find in this group of the semi-insane that the saying that one must have a mind before he can lose it is specially true. We find in this group many persons of superior intellectuality who have a high social value. Indeed, some claim that they constitute a majority in this class.

Lanolin as an Excipient.

Lanolin is a good excipient for pills where there is an object in having the drug contained to reach the intestines unchanged

by its passage through the stomach. It is not dissolved by the gastric juice but is broken up by the fat splitting process of intestinal digestion.

TOPICS OF PUBLIC INTEREST.

The Committee on the Prevention of Tuberculosis of The Charity Organization Society of the City of New York

CONSUMPTION CATECHISM FOR CHILDREN.

A consumption catechism for school children is the subject of a pamphlet being printed by the Department of Health of the city of New York for distribution in the schools of the city. Through the help which has been promised by the department of education it is expected to get this catechism into the hands of every one of the 600,000 and more children attending the public schools. Another large group of children will be secured it is expected from parochial and private schools. As these cards will bear the imprint "Take this card home and show it to your family and friends," and as it is planned to have the teachers give this same advice to their pupils, this will prove the most widespread and thorough distribution yet attempted in this country of printed instructions on the subject of consumption.

In a series of thirty-two questions and answers the catechism briefly and simply tells what consumption is, how it is conveyed from person to person, "how you can keep from getting it," "how you can keep others from giving it to you" and how it is cured. Added to the catechism is a list of the associated special tuberculosis dispensaries and a map of the city showing the district allotted to each one of these.

Although the pamphlet is primarily designed for school children it contains much material which will be of help to their parents and older brothers. Such an answer as that given to the question "What are the first signs of the disease?" will warn many an unsuspecting person that an examination by a competent physician should not be put off. "Loss of strength, cough, fever in the afternoon and loss of weight, sometimes bleeding or hemorrhage of the lungs and the coughing up of sputum or phlegm are the first signs that the unwary are now told to look for. After describing how one person infects another through the germs which are contained in the spit of the consumptive or in the invisible droplets sprayed out when consumptives cough or sneeze it is stated that those who are sickly or rundown from disease,

overwork or intemperance and whose systems cannot fight the bacilli are those most likely to get consumption, just as the ordinary cold or cough if neglected is the most common sickness that develops into consumption. Thorough cleaning and disinfection of houses or rooms newly moved into are urged as one essential safeguard against the consumption germs which a careless consumptive may have left in rooms occupied by him.

"Even if the tubercle bacilli get into the lungs of a healthy person they are usually killed there" it is stated, and so the lesson is plain that the first great rule to keep from getting consumption is simply "keep as well as possible." To do this four things are recommended, fresh air, proper food, cleanliness and temperance in all things. If a cough lasts more than two weeks an examination of the lungs by a competent doctor or at a special tuberculosis dispensary is advised. A minimum program for cleanliness is set forth in two warm baths a week and in cleaning house with damp brooms and cloths, while for air it is stated that every study and living room should be aired several times a day and one window in the bed room kept full half open all night.

The catechism in answer to the question "Is it dangerous to live or work with a consumptive?" answers "no, not if he is careful and clean; careful to destroy all the sputum he coughs up and never to spit on the floor or streets." It is said that consumption can be cured if treatment is begun early by good food, fresh air and rest and such medicines as the doctor may prescribe. If a consumptive cannot go to a country sanatorium he is advised to go to a doctor or a dispensary, to keep out in the fresh air and sunlight as much as possible, to keep his windows open day and night and not to waste time or money on patent medicines or advertised cures.

New York State Historical Association

ADDRESS OF HON. ANDREW S. DRAPER, STATE COMMISSIONER OF
EDUCATION—GREAT STATE OF NEW YORK—LET NOT HER
CHILDREN FORGET HISTORIC PAST, SAYS COMMISSIONER
DRAPER—NEW ERA BEGINNING—OUR DESCENDANTS WILL
WONDER WHY WE FOUND THE PRESENT PROBLEMS DIFFICULT—
SEVERAL OTHERS READ PAPERS—OFFICERS CHOSEN.

The ninth annual meeting of the New York State Historical Association was held at the Buffalo Historical Building September 17, and 18, 1907. Dr. Andrew S. Draper addressed the association Tuesday evening, September 17. He spoke on New York's Obligations to Her History.

Judge Draper's address attracted a large audience, many prominent educators being present to hear the commissioner speak on this interesting subject who applauded him loudly and long.

It is plain that Dr. Draper is an optimist, and not a pessimist. While he deplores that so comparatively little has been done with the history of so notable a state, he has no fears for the future. Dr. Draper contends that New York is near the center of everything historic in American annals. Even the first blood of the Revolution was shed in New York and not in Boston, he said.

During his address, Dr. Draper said:

"We must lay no claim to what is not justly ours. But we owe it to our fathers and to our children to prevent literary fiction and much repetition from perverting a true understanding of historic facts. The first blood of the Revolution was spilled in New York and not in Boston. Every home in our sparsely settled state was in deadly danger from the capture of Ticonderoga till the Indians were driven from the Hudson river to the Genesee country.

"What memories the names of Cobleskill, Schoharie, Cherry Valley, Springfield, Schenectady, Unadilla, Canajoharie, German Flats, Minisink and many others may well revive! Oriskany in severity and in results was a heavier battle than Bunker Hill, and Saratoga was the decisive engagement of the war. Of course, all that was done in New York was not done by New York men, but with main reliance upon volunteer soldiers the men of this state were necessarily at the forefront of any warfare within its borders. Forced by their situation to bear the leading part in the Revolution, the men of New York, as Wayne wrote Washington in the middle of the night after the capture of Stony Point, behaved like men determined to be free.

"Our fathers were not much given to leaving records for their children. Those children have been frequently unmindful, often indifferent, sometimes inaccurate. We have uniformly been engrossed with innumerable activities and the very volume of our history makes it difficult to popularise it. Many have come among us in later years who are valiantly helping us to make more history, who can not easily appreciate our early history, for they are a part of the story of another people struggling for the democracy which has come to be more stable here than in any other land under the sun. The writers of American history have, for the most part, lived in other states and they have written under the spell which other associations impose upon them. We have not been much aided by song and story; at times we have been injured by literary humor which other people seem unable to grasp. The children in the schools, often the students in the colleges and universities, more often still the men and women of our busy cities and towns, know but little of the splendid story and appreciate all too lightly the obligations which it imposes.

"But, after all, the writing of history is not the only way of expressing our obligations to the makers of it. Here we are, 8,000,000 of every kind of people that the sun ever shone upon, proving the stability and the potentiality of a pure democracy. We are not in peril; we confide absolutely in our security. Discussion is freer, sentiment makes more rapidly and conclusions are surer and sounder than ever before. We can do anything we think well to do. The commercial primacy of the state seems sure enough, but endless measures are in progress to make it doubly sure. The national centers of the publishing business, of finance and of manufactures are within our borders. The problem of absolute democracy in religion has been worked out to a complete solution. So the great problem of democracy in education is well advanced and the solution is inevitable.

"We are now in the midst of complete applications of the fundamental principles of our democracy to our industries. We are beginning to make and to enforce laws which will promote all the just interests of both capital and labor and limit the improper exercise of the organized power of each. Our children will wonder that we had so much trouble making it clear that the common power can only be used in the common interest, and that in our business as well as in our religion, our education, and our politics, every child of the nation is to have his free and equal chance. If we make it completely so, as seems likely enough, we shall show to all the world that democracy opens opportunity to moral and material progress and we shall discharge a part of the obligation which our generation of freemen owes to the generations of freemen who have gone before."

The society elected the following named officers: President, James A. Roberts; first vice-president, Grenville M. Ingalsbe; second vice-president, Sherman Williams; treasurer, James A. Holden; secretary, Robert O. Bascom; assistant secretary, Charles F. King.

At Tuesday afternoon's meeting papers were read by F. H. Severance, George D. Emerson and Major Louis L. Babcock of Buffalo; Jacques W. Redway of Mount Vernon, N. Y., and Professor George K. Hawkins of Plattsburg. Peter A. Porter read a paper at Wednesday's session. Mr. Emerson's paper was a review of the career of General Winfield Scott, particularly the soldier's part in the Niagara Frontier campaign of 1812.

The Amended Agricultural Law

(*New York Tribune*, September 4, 1907.)

WORK FOR MILK USERS—MUST CLEAN BOTTLES—NEW LAW RE-
QUIRES CONSUMER TO AID—EFFORTS FOR PURITY.

Any householder or consumer of milk who fails to clean properly the can or other receptacle in which the milk was delivered

is liable to prosecution under the recently amended agricultural law of this state. This applies not only to the residents of this city but to those of all the cities of the state. Inspectors of the State Department of Agriculture are empowered by this statute to seize such cans or bottles and use them as evidence.

The law relates alike to the dealer and user, and it presumes that any milk shipped within a city is for purposes of consumption, such shipping being *prima facie* evidence of that intention. All particles must be cleaned from the can or bottle by rinsing with water or in some other way. The delivery to any railroad for shipping of an uncleaned empty milk can is prohibited. Every use, return, delivery or shipment of an unclean can shall be deemed a separate violation of the law.

Cream and curd are included with milk within the meaning of this act, and the word "curd" used in this connection applies to pot cheese or cottage cheese.

Handlers of milk in this city say that a small percentage of the cans and bottles is cleaned by the consumer after being emptied. Less than half, it is said, are rinsed in water, and only a small percentage of this number is cleaned in any other way. Frequently these uncleaned bottles are allowed to remain in a box for days at a time, and then it is almost impossible for the dealers to get them clean. The milk and cream particles cling to the sides and top, and the result is that frequently fresh milk or cream is emptied into the bottles, which are sealed and come back to the city with the milk contaminated.

The law prohibits the placing of "sweepings, refuse, dirt, litter, garbage, filth or any other animal or vegetable substance liable to decay and tending to promote or produce an unsanitary condition" in milk cans. There are fewer violations of this paragraph than in the case of the bottles, but it is not entirely obeyed.

Several of the large wholesale firms in the city, it was reported yesterday, had informed their customers that cans must be cleaned before their return. It was thought probable that such action might be taken in the case of bottle customers unless a marked change in the condition of the bottles collected is shown soon.

H. H. Kracke, the Assistant Commissioner of Agriculture in charge of the work of that department in this city, said that the inspection of milk cans by his men is proceeding satisfactorily at the ferries, and that a great improvement in the condition of the cans is found. The other night at Barclay street twelve thousand cans were inspected, and not one was set aside as failing to comply with the law regarding cleanliness.

In the case of the bottles the commissioner and his men found a different condition, a large percentage of the latter showing that

they had been returned to the dealers uncleaned and that the old milk particles had not been removed through whatever cleaning they received later. It was explained that it is almost impossible to remove these if they are permitted to stand for twenty-four hours.

Local dealers who were looking for an increase in the demands of the farmers when the time for making October contracts come, regard with considerable alarm the action of the dealers in Orange County in increasing the price of milk sold in the villages there from five to six cents a quart. The supply is short, and the farmers who have been selling milk at a loss for some time have come to a point where they do not feel like longer continuing.

Now that they have considered it necessary to raise the price at their own home, it is not expected, it was said here yesterday, that these same men, who send a large amount of milk to New York, would continue doing so at a loss. Contracts for the six months beginning October 1 will be signed within a week or ten days, and practically every wholesaler is prepared to listen to demands for more money.

The question of selling milk by dry or liquid measure has been brought up by a number of farmers in connection with the agitation for higher prices. Some appear to think that they are not getting a fair deal when their milk is bought by dry measure. The manager of one of the largest milk houses told a *Tribune* reporter yesterday that for several years most of the milk in New York has been sold by dry measure—practically by the pound. In explanation of this custom it was said that after milk cans have been used a short time they are dented and will not hold forty quarts as before they fell into the hands of the baggage men.

To avoid paying for the dents, wholesalers sometime ago hit upon the idea of buying milk by weight. A price which was said yesterday to be perfectly fair to both the producer and the consumer was agreed upon, and transactions have been conducted on that basis. It is a purely arbitrary matter, no formal action having been taken at any time by either the dealers or the farmers.

The quality of the milk that is delivered here is good, but it was said yesterday that there was no increase in the quantity, and famine possibilities have not disappeared.

ANEURYSM OF THE ARCH OF THE AORTA.—George L. Peabody presents the history and autopsy of an obscure case of aneurysm of the descending arch of the aorta that was diagnosed only by means of an x-ray photograph a few days before rupture into the esophagus. There were many symptoms of hysteria and no history of syphilis or other etiological factor of aneurysm.—*Medical Record*, April 13, 1907.

CORRESPONDENCE

THE SANITARY MILK PROBLEM—THE SPREAD OF DISEASE BY MILK—
THE CO-OPERATION IN THE STUDY OF THIS QUESTION IS
SOUGHT—RETURNS MUST BE MADE NOT LATER THAN OCTOBER
15, 1907.

Editor Buffalo Medical Journal:

SIR:—The following circular letter has been issued to state and local health officers and other sanitarians:

In the study of the sanitary milk problem undertaken by this bureau at the direction of the Secretary of the Treasury and the President, it is desired to make a compilation of all authentic cases in which disease has been spread by milk. This will include cases where milk has been the undoubted means of carrying an infectious disease to one or more persons. Whereas, in the light of present knowledge, the greatest interest centers in cases of typhoid fever, diphtheria, and scarlet fever spread by this means, yet the report of other diseases carried in this way is also desired.

It is believed that although many epidemics caused by milk have been reported in the printed reports of boards of health and in the medical journals, a greater number known to medical men have not been so reported.

If you will coöperate by reporting to this bureau upon the furnished form, or otherwise, any cases of disease or epidemics spread by milk of which you have knowledge, it will be greatly appreciated. An addressed envelope, which will require no postage, is sent for the return of any report that may be made. Reports, to be of service, should be returned not later than October 15, 1907.

Treasury department, bureau of public health and marine-hospital service, Washington, August 28, 1907.

WALTER WYMAN,

Surgeon-General.

NOMENCLATURE OF PROPRIETARY REMEDIES.—*Critic and Guide*, January, 1907, discusses this question and refers, as illustrative example, to sextonol. The word saves the trouble of writing "tabellæ e sodii, calcii, ferri, mangani, quininæ et strychninæ glycerophosphatibus" with the quantities. An attempt was made to get a druggist to prepare such tablets, but they deliquesced on the following day. An investigation disclosed that the apothecary had only the glycerophosphates of lime and soda in stock; he therefore left out the iron and manganese and used the sulphates of strychnine and quinine instead of the glycerophosphates. Besides, the prescription cost much more than the sextonal tablets do.

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

All communications, whether of a literary or business nature, books for review and exchanges, should be addressed to the editor 238 DELAWARE AVE., BUFFALO, N. Y.

VOL. LXIII.

OCTOBER, 1907.

No. 3

American Association of Obstetricians and Gynecologists.

WHEN an association of medical men, organised for the scientific study of special topics, reaches its twentieth year its work becomes a fit subject for comment, if not criticism. The association in question held its initial meeting at Buffalo, April 19, 1888, and its first annual meeting at Washington, September 18, 19, and 20, the same year. Fifteen men were present at the initial meeting, who were supported by the coöperation of fourteen others, and by the time of the first annual meeting these had increased to a total of forty, who became foundation members.

Of the forty Founders but thirteen remain on the rolls as Ordinary Fellows, thirteen having resigned, ten are dead, two have been transferred to the Honorary list and two were dropped. The association was denied entrance to the Congress of American Physicians and Surgeons for reasons recited by President Wright in his address published in the fourth volume of the transactions (1891), and which need not be repeated here. Nothing daunted, the association put its hand to the work with redoubled vigor and has made itself one of the most stalwart, progressive, scientific and interesting special medical societies of the land.

Its twentieth annual meeting was held at Detroit, September 17-19, 1907, under the presidency of Professor Robert Tuttle Morris, of New York, and it is no exaggeration to state that it was one of the most interesting, instructive and useful meetings the association has ever held. The papers dealt with live questions, the debates were crisp and aggressive and the entire atmos-

phere was full of progressive thought. The guiding hand of Dr. Morris was noted from the beginning to the end, and indicated that the association had been in the hands of a master for a year, and now had met bringing the harvest it had garnered during that period, to have the wheat and chaff separated, the threshing process being carried out by brilliant minds in discussions that will redound to the credit of the participants.

It is not our purpose to enter into an analysis of the contributions as these all will be published in the *American Journal of Obstetrics* for November; but we wish to mention two features of unusual interest. One was the address of Dr. F. Park Lewis, of Buffalo, entitled "Ophthalmia Neonatorum; a Pathologic Anachronism," which was delivered Tuesday evening. Dr. Lewis is chairman of the committee on ophthalmia neonatorum of the American Medical Association and presented this subject by invitation. It has been demonstrated that more than 10% of the blindness in the United States comes from this cause and is absolutely preventable. Furthermore, that by the proper application of prophylactic measures, and particularly by the use of the silver solution according to the technic of Cr  d  , the blindness resultant from ophthalmia neonatorum can be reduced to a very small fraction of 1%. Hence, it is important for obstetricians, ophthalmologists, public health officers,—indeed for all physicians to reunite in an effort to carry out a prophylaxis that shall wipe out the malady. Puerperal sepsis and ophthalmia neonatorum should belong to a past record. The association took special action on the subject of Dr. Lewis's address.

The second feature for special comment was the annual address of the president. This was delivered extemporaneously from well arranged notes and dealt with the newer questions of surgical technic, which are likely to be recognised in the near future as the only way to the better results that a minimum mortality always hails. Dr. Morris received the plaudits of his audience and his address, at his personal request, was discussed by a number of the members. Taken altogether, it was one of the most satisfactory and entertaining evening meetings ever held by the association.

The banquet given at the Hotel Cadillac, on Wednesday evening, also deserves special mention because of its excellent quality. The table in the form of a hollow square and its central decoration of palms, with its red candelabras, ornamented with large bows of ribbon to correspond, made an effective and artistic setting, while the classic music, rendered by the hotel orchestra, charmed the ear with its artistic and excellent quality. The speeches, too, were crisp, while the ensemble of the banquet was attractive and interest in it was never lost for a moment. The

attendance on the third day was unusually large and the closing ceremonies at 3.30 afforded a fitting finale to a brilliant meeting.

The association enjoyed a rare treat during Wednesday's noon intermission. A visit was paid to the great establishment of Messrs. Parke, Davis & Company on invitation of the president, Frank D. Ryan, Esq. Guided by Dr. Larned, of the house, the members, accompanied by the ladies and other guests present, entered a special car and were rapidly driven to the entrance gateway of the plant. A collation first was served, after which Dr. J. H. Carstens made appropriate remarks expressive of the appreciation of the association for the courtesies shown by Mr. Ryan and his assistants. Dr. Larned replied in well chosen words, and then escorted the visitors through the biological laboratories where research work in all its various forms is being conducted.

After an hour and a half spent in the inspection of this marvelous plant the special car was reëntered and the association returned to its duties. It is impossible in this place to give adequate description of the stupendous work that is carrying on in this great institution of biologic research, and it is equally impossible to describe the generous manner in which the association was mentally and physically entertained. The only regret is, that so short a time could be given over to this visit owing to the elaborate scientific program, to the disposal of which the association had committed itself.

The twenty-first annual meeting will be held at Baltimore, Tuesday, Wednesday and Thursday, September 22, 23, and 24, 1908, under the presidency of Dr. E. Gustav Zinke, of Cincinnati. The newly elected president is a man of broad culture and a student of the most important and difficult problems connected with his specialty. He has contributed some of the best literature which the science of obstetrics, gynecology, and abdominal surgery contains, and it is probable that the Baltimore meeting of the association under his administration will be of unusual interest.

The other officers elected were: first vice-president, John W. Keefe, Providence; second vice-president, William Alfred Belt Sellman, Baltimore; secretary, William Warren Potter, Buffalo; treasurer, Xavier Oswald Werder, Pittsburg; executive councillors, William Henry Humiston, Cleveland, and Robert Tuttle Morris, New York.

THAT President Roosevelt is a many-sided man of large mental equipment is well known. He was seen lately from a new point of view at the opening of the Sixth International Dermatological Congress held in New York, beginning September 9, 1907.

Dr. James S. White of Boston called the congress to order and Surgeon General P. M. Rixey of the United States Navy delivered an address of welcome on behalf of the federal government and President Roosevelt.

Admiral Rixey said that he had been requested by the President to greet the members in his name, to specially welcome the foreign delegates and to wish them a profitable meeting. He said the President was deeply interested in all that concerned the medical profession and embraced every opportunity to secure its advancement. During President Roosevelt's administration he had done a great deal to secure improvements of the medical departments of the government and the government hospitals, and the government now was engaged more than ever in medical research. Dr. Rixey further said:

"It may never be known how much President Roosevelt is interested in and has done for the medical profession until one has been as intimately connected with him as I have. I take this opportunity of saying that in the history of presidents, I may say, rulers, there has been none who has been more interested in its progress than President Roosevelt. I have the deepest sense of our obligations and personal love for the representative of a great people, who stands for justice to all, especially to those physically afflicted."

DR. IDA C. BENDER, supervisor of primary grades in the Buffalo school department, recently returned from her visit to London, whither she went to attend the Second International Congress of School Hygiene, bringing back with her many helpful suggestions from which Buffalo schools ought to profit. There were eleven sections, of the congress meeting simultaneously, and she spent most of her time at the conferences that had a direct bearing upon school hygiene, the training of teachers, the care of children, and other subjects of special importance in connection with her work of supervision in the schools.

"I found," said Dr. Bender in a recent interview, "that Buffalo, or rather America, is ahead in the matter of proper hygienic appliances, ventilation and similar details; but this city especially is far behind other places in the matter of medical inspection, the care of defective children and modern methods along these lines. Here Germany, Sweden, Switzerland and France appear to lead the world.

"One of the very interesting addresses I heard was by Mrs. Humphry Ward, on Vacation Schools, and I also visited her vacation school, where fully 1,000 children are cared for daily, 500 in the morning and an equal number in the afternoon, with a fresh corps of teachers for each session. Most of the work is done out of doors."

Dr. Bender herself spoke at one of the conferences, taking part in the discussions, and introduced a resolution before one of the sections which subsequently was adopted.

The congress was opened by the King's representative, the Right Honorable the Earl of Crewe, lord president of the council, and Dr. Bender said that the inaugural address by the president, Sir Lauder Brunton, was an excellent exposition of the business before the congress.

She was especially interested in the work of the section devoted to medical and hygienic inspections in school, and spoke particularly of an admirable address on medical supervision of infant schools, made by Dr. Marion Hunter of London.

The section devoted to physical education and training in personal hygiene was one that enlisted Dr. Bender's sympathies, and she said that the address made before this section by Dr. Mary Scharlieb, of London, was one of the wisest, most practical and most helpful talks of its kind that she had ever heard. The subject was Physical Development of Adolescent Girls.

Dr. Bender is one of the most accomplished women educators in Buffalo, and we have quoted what she said in a recent newspaper interview for the purpose of inviting attention once more to the importance of medical inspection of schools. We hope that appropriate action will not much longer be delayed by the municipal government relating to this all important topic. It is unfortunate that Buffalo stands so low down on the list of large cities in regard to so vital a question, one that may affect the health and possibly the future lives of so many children.

ANNOUNCEMENT through the associated press of the discovery of an antitoxin that will kill diphtheria germs in the living human organism within three minutes has been made at the Ohio State University by Professor Blyle, physiological chemist, as the result of an exhaustive series of tests. The discovery is accredited to Theodore Wolfram, a German chemist, now living here.

PERSONAL.

HON. T. GUILFORD SMITH, of Buffalo, regent of the University of the State of New York, tendered a reception to the Hon. Andrew S. Draper, state commissioner of education, at the University club, Tuesday evening, September 17, 1907, immediately after Dr. Draper's address before the State Historical Society at the Buffalo Historical Society's building referred to elsewhere. The reception was attended by representative educators of the city and other prominent citizens and by the out-of-town members of the state historical society.

DR. JAMES W. PUTNAM, of Buffalo, one of the associate editors of the *Buffalo Medical Journal*, who sailed for Europe on July 5th, with Mrs. Putnam and their son, Osborne, returned home September 24th, and has resumed his professional practice. The summer was spent in France, Switzerland, Holland and England.

Dr. Putnam attended the International Congress of Neurology and Psychiatry held at Amsterdam, September 2-7, where he read a paper by invitation on "The clinical consideration of paralyses of sudden onset and rapid progress."

DR. F. PARK LEWIS, of Buffalo, addressed the American Academy of Ophthalmology and Oto-Laryngology at the annual meeting held at Louisville, September 26-29, 1907, on the subject of ophthalmia neonatorum with reference to its prophylaxis. He will present the same subject at the thirty-fifth annual meeting of the American Public Health Association to be held at Atlantic City, September 30 to October 4, 1907.

DR. WILLIAM C. KRAUSS, of Buffalo, assistant editor of the *Buffalo Medical Journal*, who has been spending the summer in Europe, returned home October 2, and resumed his medical practice. He spent considerable time in Munich, attending the Mozart and Wagner festivals and enjoying other musical treats.

DR. JOHN H. GRANT, of Buffalo, was elected surgeon general of the Spanish War Veterans' Association at the recent meeting held at Sandusky, O.

DR. G. LANE TANEYHILL, of Baltimore, was elected surgeon-general of the Grand Army of the Republic at its forty-first annual meeting recently held at Saratoga Springs.

DR. WILLIAM GAERTNER, of Buffalo, was elected president of the Buffalo Orpheus Society at its annual meeting held early in September.

DR. FRANCIS A. DRAKE, of Buffalo, was elected High Physician of the Independent Order of Foresters, high court of the State of New York, at its recent annual meeting held at Jamestown, N. Y.

DR. HOWARD W. LONGYEAR, of Detroit, recently made a hurried trip to Europe on account of the illness of his son-in-law, who is in Switzerland. Professor Kocher, of Berne, operated on Mr. McGraw for bronchocele, soon after Dr. Longyear's arrival from

which he has made a safe recovery. Dr. Longyear returned in season to attend the annual meeting of the American Association of Obstetricians and Gynecologists at Detroit.

DR. JOSEPH PHINEAS RUNYAN, of Little Rock, Ark., was re-elected dean of the College of Physicians and Surgeons, Little Rock, at the meeting of the faculty held September 2, 1907.

DR. JAMES F. W. ROSS, of Toronto, was chosen as the first president of the recently created Academy of Medicine of the Canadian metropolis. The eminence Dr. Ross has attained as one of the most foremost abdominal surgeons in North America, entitles him to this distinction paid by his colleagues in his native city.

DR. BENJAMIN H. GROVE, of Buffalo, who, with Mrs. Grove, has been spending the summer in European travel, has returned home and resumed his ophthalmic practice.

OBITUARY.

DR. PETER M. WISE, of New York, died at the J. Hood Wright Hospital in that city, September 22, 1907. He was a native of Clarence, Erie County, N. Y., and a graduate of the Medical Department of the University of Buffalo in 1872. Early in his medical career he turned his attention to nervous and mental diseases, especially insanity, and became an assistant at the Willard State Hospital. After the Ogdensburg State Hospital was built Dr. Wise was appointed its first superintendent and while there published a book relating to the care of the insane.

Dr. Wise was appointed chairman of the State Lunacy Commission by Governor Morton, whereupon he vacated his position at Ogdensburg and removed to Albany. Finally, he retired from public service and then went to New York, engaging in private practice. Some years ago he began to suffer from locomotor ataxia, which caused increasing distress and pain, notwithstanding strenuous efforts at treatment. A year or more ago, according to press dispatches, he prepared a mixture of sedatives which gave him relief for a time, though increasing doses were necessary of late, and it is supposed his death was caused by a double dose of the remedy taken to relieve a paroxysm of pain.

DR. ELECTA B. WHIPPLE, of Buffalo, died at her summer home at Orchard Park, September 13, 1907. She was born at Perrysburg, N. Y., and received her preparatory training first at Gowanda, then at Lima Seminary, and finally at Syracuse Uni-

versity, where she received the degree of A.B. in 1874. After graduating in medicine in 1884, at Syracuse University, she spent some time at Attica associated in practice with Dr. Davis. She came to Buffalo about twenty years ago and had been engaged in practising her profession in this city until her death. Dr. Whipple was one of the best known women physicians in Buffalo and was a prominent member of several medical societies.

DR. FRANK H. MOYER, of Moscow, N. Y., died at his home August 28, 1907, after a prolonged period of illness due to paralysis, aged 60 years. He graduated at the medical department, University of Buffalo, in 1872, and practised his profession in Moscow from that date until disabled by disease. He was a member of the Medical Society of the State of New York and of that of Livingston County and was one time president of the alumni association of Buffalo University medical college. He also served for several years as a member of the board of curators of his alma mater.

DR. GAYLORD PARSONS CLARK, Dean of the College of Syracuse University and Professor of Physiology in Medicine, died at his home in Syracuse, September 1, 1907. On the day after registration at the opening of the college, a meeting of students and faculty was held, at which recognition of Dean Clark's long and efficient service and of his noble character was made by the Chancellor and others.

DR. GEORGE WALDRON, of Rochester, N. Y., was instantly killed in an automobile accident August 28, 1907. He graduated at the Medical Department, University of Buffalo, in the class of 1881.

MAJOR JAMES CARROLL, M.D., Surgeon United States Army, died at Washington, September 16, 1907, aged 53 years. He was the third member of the original Cuban yellow fever commission to die, one only remaining, Dr. Agramonte. At the time of his death Surgeon Carroll was curator of the Army Medical Museum and professor of bacteriology and clinical microscopy in the Army Medical School.

DR. FRANCIS HARTMAN MARKOE, of New York, son of the late Dr. Thomas M. Markoe, died at his home September 13, 1907, aged 51 years. He was a graduate of the College of Physicians and Surgeons, 1879, and served on the surgical house staff of the New York Hospital, where he afterward became attending surgeon. He also taught surgery in the College of Physicians

and Surgeons and became one of the attending surgeons at St. Luke's Hospital. The New York Medical Journal very justly says: "Not within our memory has death deprived the New York profession of a more highly esteemed or more valuable member."

SOCIETY MEETINGS.

THE Southern Surgical and Gynecological Association will hold its next annual meeting at New Orleans, December 17, 18, and 19, 1907, under the presidency of Dr. Howard A. Kelly, of Baltimore. The secretary is Dr. William D. Haggard, of Nashville, who should be addressed concerning places on the program.

THE American Hospital Association held its ninth annual conference at Chicago, September 17-20, 1907, under the presidency of Dr. Renwick R. Ross, superintendent of Buffalo General Hospital. A large number of interesting and valuable papers were read and discussed and the meeting was in every sense a successful one, reflecting great credit upon the distinguished president.

THE Medical Association of Central New York will hold its fortieth annual meeting at Rochester, Tuesday, October 15, 1907, under the presidency of Dr. W. B. Jones, of Rochester. Dr. Carlton C. Frederick, of Buffalo, is the first vice-president; Dr. Pascal M. Dowd, of Oswego, is the second vice-president; Dr. C. A. Greenleaf, of Canoga, is the secretary, and Dr. William M. Brown, of Rochester, is the treasurer.

THE Sixth District Branch of the Medical Society of the State of New York held its first annual meeting at Ithaca, September 24, 1907, under the presidency of Dr. Ross G. Loop, of Elmira. Dr. C. L. Stiles, of Oswego, was vice-president; Dr. Herbert W. Fudge, of Elmira, was secretary, and Dr. S. A. Mereness, of Milford, was treasurer.

THE New York State Conference of Health Officers will hold its next annual meeting at Buffalo, October 14-19, 1907. Every health officer in the state is a member by law and must either attend in person or by substitute. It is estimated that at least 1,200 sanitary officers will be in attendance. It is announced that Governor Hughes will attend the opening meeting. All questions relating to public health will be discussed and the sessions will be open to the public. There will be addresses in convention hall

by experts from Washington, Chicago and New York upon the subjects of tuberculosis, pure milk, water filtration, sewage disposal, child-labor, tenement-house problems and many other vital questions. A special feature of the conference will be the tuberculosis and hygienic exhibit at convention hall, which will constitute a museum of preventive medicine showing what is being done in this state for the prevention of disease. The meeting will be held under the auspices of the state department of health of which Dr. Eugene H. Porter is commissioner.

COLLEGE AND HOSPITAL NOTES.

DR. ROSWELL PARK, professor of surgery at the University of Buffalo, will hold surgical clinics at the Buffalo General Hospital three times a week,—namely, Tuesdays, Thursdays and Saturdays during the sixty-second annual session of the medical department.

HAROLD DICKENSON, Senior, M.B., F.R.C.S., at present an associate in anatomy at the Wistar Institute of Anatomy, Philadelphia, has been elected to the chair of anatomy and as director of the anatomical laboratory at Syracuse University, to take the place formerly held by Dr. George M. Price. Dr. Senior was educated in England at Durham University. He was first assistant demonstrator of anatomy at Durham University, then junior demonstrator of anatomy at Charing Cross Hospital Medical School, London. He came to Canada and engaged in the practice of medicine successfully for a number of years. His love for investigation in the field of anatomy led him to give up practice. He went to The Medico-Chirurgical College as demonstrator of anatomy but gave up that position to devote himself to investigation and became an associate in anatomy at Wistar Institute. His first published paper was on The Anatomy of the Heart of the Tarpon. He is now about to publish a treatise on the Anatomy of the Shad. He will have supervision of the departments of histology and embryology, and will secure an able assistant, trained in laboratory work to take the place of Professor Reese, who has accepted a position in The University of West Virginia.

GUSTAVE M. MEYER, B.S., Sc.D., for four years assistant to the chair of physiological chemistry at Columbia University, New York, has been elected to the chair of physiological chemistry in the Medical College of Syracuse University. Dr. Meyer received his degree of Sc.D., at the University of Geneva, Switzerland.

His thesis was entitled, The Influence of Repeated Hemorrhages on the General Composition of the Blood. He has published many papers giving the results of his investigations, the latest of which will appear in the October number of the American Journal of Physiology, under the title, The Elimination of Radium in Normal and in Nephrectomised Animals. He will succeed Dr. George A. Hanford, who resigns to enter business.

FRANK P. KNOWLTON, A.M., M.D., at present associate professor of physiology at Syracuse University has been advanced to the head of the department of physiology. A competent laboratory assistant to the chair of physiology will be selected at the earliest possible moment and, probably, will be ready for duty at the opening of college.

THE plans of McKim, Meade & White for the new Children's Hospital at Rockaway Beach have just been submitted to the Association for improving the condition of the poor, which raised \$250,000 toward the construction of this seaside institution for tuberculous children. The plans show a series of three-story pavilions, surrounded by broad verandas, with accommodations in each building for sixty patients. The pavilions, fourteen in number, are placed parallel to each other and at right angles to the ocean, except the two pavilions at either end of the series which run parallel to the ocean. As a site for the hospital, the city has agreed to reserve 1000 feet of its new five-mile beach at Rockaway. According to the Committee on Tuberculosis of the Charity Organisation Society, the new hospital is the result of the successful work carried on by its sister organisation for the past three years at its Sea Breeze hospital at Coney Island. Fresh air and outdoor life combined with careful medical oversight have worked such marked changes to the majority of the 110 little cripples that have been cared for at Sea Breeze, that this experimental station soon attracted wide attention throughout the country and finally led the Board of Estimate and Apportionment to set aside the stretch of beach that will provide amply for the hospital wards, the kindergartens and school rooms, the nurses training school and the pathological laboratory and all the necessities and conveniences which appertain to a modern hospital, sanatorium, and school which are called for by the final plans of the new Seaside Hospital. Among American cities, New York will then have the first seaside hospital for the treatment of bone tuberculosis in children, as it already has the first municipal country sanatorium for consumptives, and as it has long had the most efficient system for the administrative control of this disease.

BOOKS AND AUTHORS.

Modern Medicine. Its Theory and Practice. In Original Contributions by American and Foreign Authors. Edited by **William Osler**, M.D., Regius Professor of Medicine in Oxford University, England; formerly Professor of Medicine in Johns Hopkins University, Baltimore. Assisted by Thomas McCrea, M.D., Associate Professor of Medicine and Clinical Therapeutics in Johns Hopkins University, Baltimore. In seven octavo volumes of about 1,000 pages each; illustrated. Volume I. Lea Brothers & Co., Philadelphia and New York. (Price per volume, cloth, \$6.00; leather, \$7.00; half morocco, \$7.50, net prices).

These are the days of encyclopedic medicine; or, at least, of encyclopedias in medicine. Given a more or less distinguished editor and a group of more or less gifted writers, together with a courageous publisher and, presto, the deed is done. Following the lead of several eminent editors, Osler has entered the field to see what he can do to add to his already great fame as a teacher, author, and medical publicist. He has gone to England to live but maintains relations with America through frequent visits to his old home, but especially through his writings.

The list of contributors to the first volume of modern medicine numbers twenty-two including the editor, most of whom are known to the medical world. We add the names and topics, which will give the intending purchaser a good idea of the scope of the work.

Introduction—History and forecast of medicine, by William Osler, M.D., regius professor of medicine in Oxford University, England.

Part I—Predisposition and Immunity. Chapter I—Inheritance and disease, by J. George Adami, M.D., F.R.S., professor of pathology in McGill University, Montreal.

Part II—Diseases caused by physical agents. Chapter II—Light, x-rays, electricity; Chapter III—Air; Chapter IV—Heat and Cold, by Alfred Gordon, M.D., associate in mental and nervous diseases in the Jefferson Medical College, Philadelphia.

Part III—Diseases caused by chemical agents. Chapter V—Chronic lead poisoning; Chapter VI—Chronic arsenic poisoning; Chapter VII—Other metallic poisons, etc.; Chapter VIII—Poisoning from carbon monoxide, illuminating-gas, combustion products, carbon bisulphide, by David L. Edsall, M.D., assistant professor of medicine, University of Pennsylvania, Medical Department, Philadelphia.

Part IV—Diseases caused by organic agents. Chapter IX—Alcohol; Chapter X—Opium, morphinism, cocaine, by Alexander Lambert, M.D., professor of clinical medicine, Cornell University Medical College, New York. Chapter XI—Foods. Milk, fish, meat, etc., by Frederick G. Novy, M.D., professor of bacteriology in the University of Michigan, Ann Arbor. Chapter XII—Snake

venoms, by Dr. Hideyo Noguchi, assistant at the Rockefeller Institute for Medical Research, New York. Chapter XIII—Auto-intoxications; Chapter XIV—Intoxications—protein, purin, carbohydrate and fat metabolism, by Alonzo Engelbert Taylor, M.D., professor of pathology, University of California, Medical Department, San Francisco.

Part V—Diseases caused by vegetable parasites. Chapter XV—Actinomyces; Chapter XVI—Aspergillus, by James Homer Wright, M.D., assistant professor of pathology in the medical school of Harvard University, Boston.

Part VI—Diseases caused by protozoa. Chapter XVII—Protozoa, by Gary N. Calkins, Ph.D., professor of protozoölogy in the Columbia University, New York City. Chapter XVIII—Mosquitoes, by L. O. Howard, Ph.D., chief, bureau of entomology of the United States Department of Agriculture. Chapter XIX—The malarial fevers, by Charles F. Craig, M.D., first lieutenant and assistant surgeon in the United States Army. Chapter XX—Black-water fever, by J. W. W. Stephens, M.D., Walter Myers lecturer on tropical medicine in the University of Liverpool, England. Chapter XXI—Trypanosomiasis, by David Bruce, C.B., F.R.S., D.Sc., M.B., C.M., (Edin.), Colonel, British Army. Chapter XXII—Amebic dysentery, by Richard P. Strong, M.D., director of the biological laboratory, Manila, P. I.

Part VII—Diseases caused by animal parasites. Chapter XXIII—General discussion; Chapter XXIV—Tetramode or fluke infection; Chapter XXV—Tæniasis—Cestode infection; Chapter XXVI—Round-worm infection—Nemathelminthes; Chapter XXVII—Leeches, acariasis, tongue worm infections, myriapoda, etc., by Charles Wardell Stiles, Ph.D., D.Sc., chief of the division of zoölogy in the hygienic laboratory, United States Public Health and Marine Hospital Service, Washington, D. C.

Part VIII—Nutrition. Chapter XXVIII—General considerations of metabolism, normal and in disease, by Russell H. Chittenden, Ph.D., LL.D., professor of physiological chemistry in the Sheffield Scientific School of Yale University, New Haven, Conn., and Lafayette B. Mendel, Ph.D., professor of physiological chemistry in the Sheffield Scientific School, Yale University.

Part IX—Constitutional diseases. Chapter XXIX—Diabetes mellitus; Chapter XXX—Diabetes insipidus; Chapter XXXI—Gout, by Thomas B. Fletcher, M.B., associate professor of medicine, Johns Hopkins University, Baltimore. Chapter XXXII—Obesity, by James M. Anders, M.D., professor of theory and practice of medicine and clinical medicine in the medico-surgical college, Philadelphia. Chapter XXXIII—Rickets, by George Frederic Still, M.A., M.D., (Cantab.), F.R.C.P. (Lond.), professor of diseases of children in King's College, London, Eng.

Chapter XXXIV—Scurvy, by Robert Hutchison, M.D., F.R.C.P. (Lond.), assistant physician to the London Hospital and to the hospital for sick children, Great Ormond street, London, Eng.

The Principles and Practice of Dermatology, by William Allen Pusey, A.M., M.D., Professor of Dermatology in the University of Illinois. Octavo, pp. 1021. Illustrated. New York and London: D. Appleton & Company. 1907. (Price, \$6.00.)

The author of this book was previously known as having collaborated with Eugene Wilson Caldwell in a work entitled "The Röntgen Rays in Therapeutics and Diagnosis," in which Pusey limits his subject matter to the treatment of skin diseases by the x-ray. In this particular he has been of great service to the profession at large. His former achievements will give to his present work additional importance.

The black and white illustrations are unusually comprehensive and are uniformly of a high order. They constitute an improvement in depicting conditions, thereby assisting to a better understanding of the description in the text itself. The author does not content himself with purely original pictures, but freely borrows from others when this will in anyway help to enforce his various points.

This work may be regarded as covering the entire field of dermatology and is entitled to a high place in scientific medicine. One of the features consists of combining the results of the rapid strides made in different countries in recent years; this, however, does not interfere with the strong individuality asserted in these pages.

Under the caption of secondary lesions, the author describes the special condition defined by most dermatologists as "lichenification," and by Jameison as "Leathery induration," improving on their description and enlarging thereon in a manner admirable and helpful to the student.

The proper practice of dermatology is clearly defined and in this connection the etiology, as well as the constant results of discovery are intelligently set forth. The anatomy of the skin and its appendages is thoroughly considered and fully illustrated. A great number of the illustrations are original. In dealing with general symptomology old truths are dwelt upon with a facility and force which renders them almost new. The system of classification adopted is like that of Hebra, Crocker and others but, best of all, are the modifications thereof by the author. These lead to a better understanding of disease, although it is to be regretted that some universal classification cannot be accepted and reduced to a definite system.

The description of the exanthemata occupies 28 pages; the author's suggestions are carefully worded and carry conviction with them. His descriptions and illustrations of these forms of acute infectious diseases are such as have not heretofore been found in works on dermatology. He takes the attitude that

dermatologists should be more often consulted in the diagnosis and treatment of this class of diseases.

A special portion of the work is devoted to epithelioma. It appears, at first somewhat out of proportion to the rest of the text, but when it is considered that no skin condition leads to so many errors in diagnosis, especially in its earlier developments, it is none too fully treated. The condition is so intelligently described and so fully illustrated as to call for the highest praise from those whom it is especially intended to benefit. Too often the general practitioner knows but little of the true diagnosis of this condition, which is demonstrated by the fact that so many cases come before the dermatologists unaccompanied by any previous diagnosis. Certainly there should be more general intelligence with reference to maladies of the skin that are easy to conquer in their inceptive stage, but became incurable after the condition has been allowed to develop to a certain degree.

It would be useless to attempt to discuss those portions of the work referring to individual diseases. It is sufficient to say that the author's standard is high and that his conclusions are quite up to date. The aim of the book is to make more easy the recognition of skin diseases on the part of the general practitioner, and contains a comprehensive resume of symptomatology, pathology and treatment. Although condensed, the author's style is clear and nothing important seems to have been omitted.

Dr. Pusey is to be heartily complimented on the thoroughness with which he has completed his task. His book will fill a hiatus and will prove of very great value to dermatology. It is sure to become a handbook with the profession, and is quite certain to be regarded as indispensable to all who are engaged in dermatological research and practice.

G. W. W.

A Treatise on the Principles and Practice of Medicine. By **Arthur R. Edwards, M.D.**, Professor of the Principles and Practice of Medicine and Clinical Medicine in the Northwestern University Medical School, Chicago. Octavo, 1328 pages, with 101 engravings and 19 plates. Lea Brothers & Co., Philadelphia and New York, 1907. (Cloth, \$5.50, leather, \$6.50, net prices.)

It would not appear to the careful observer that another work on practice were needed at the present time; nevertheless, each treatise possesses special merits of its own and to obtain a perfect whole the several parts must be collected and systematically arranged. One author writes from a view of one side of the shield, while another looks on the reverse to obtain his inspiration.

The work before us is a well-arranged, compact, systematic treatise on medicine prepared by an experienced teacher and will command, beyond doubt, the respectful attention of every physician who takes interest in internal medicine. Edwards has taught medicine for many years in the medical school of Northwestern University, Chicago, and has displayed his ability as a teacher by commanding a constantly increasing student clientele.

He, therefore, has written, as might be expected, an essentially clinical treatise, dealing with causative pathology, giving reasons for facts rather than painting typical pictures of disease. Treatment receives more attention than common, which is well, for, after all, the end purpose of the physician is the successful treatment of disease.

The author has paid due attention to the physiological action of drugs,—a very important topic that lays the foundation for the entire therapeutic superstructure. It is the whole purpose of this work to teach the student and practitioner how to treat disease scientifically with reference to cure if possible, or alleviation if this may only be. The twelve sections of the book consider in their order specific infections, diseases of the circulation, diseases of the respiratory tract, diseases of the digestive tract, diseases of the kidney, diseases of the blood, diseases of the ductless glands, constitutional diseases, diseases of the nervous system, intoxications, sunstroke, and diseases due to animal parasites. This is an admirable arrangement and enables both author and reader to grasp the inception of disease from the primitive invasion, leading through the different processes in the several organs and tissues, to the final consideration of animals that subsist on the human body and cause certain diseases or irritations.

We are of the opinion that Edwards has produced a book, all things considered, worthy a permanent place in the lore of medicine.

Manual of Diseases of the Nose, Throat, and Ear. By E. B. Gleason, M.D., Clinical Professor of Otology in the Medico-Chirurgical College of Philadelphia. 12 mo. pp, 556. Illustrated. Philadelphia and London: W. B. Saunders Company. 1907. (Price, flexible leather, \$2.50 net.)

These are days when every college professor of a specialty in medicine deems it his bounden duty to write a book, the outcome of which is the great danger of an overstocked market. The redeeming feature of this condition, however, is that each book has some special points of quality not possessed by any other, hence the practitioner, author, teacher, and sometimes the student finds it important if not necessary to possess nearly all the books on the specialties. Coming now to the work in immediate question, we must confess that Gleason has prepared an attractive manual that must claim the respectful attention of the specialist as well as the general practitioner. He pays attention to instrumentation with marked exactitude,—a very important feature of this specialty because as much of diagnosis as well as treatment depends on deftly handled instruments.

The methods of treatment advocated by the author are, in general, of the simpler variety, though we confess to some surprise that he advises throwing into the antral sinus peroxide of hydrogen even when diluted with equal parts of Dobell's solution. Experience teaches that milder forms of irrigation serve quite as well and cause far less pain. All the operative pro-

cedures advised by Gleason are sanctioned by authority as well as the experience of the most disciplined surgeons in this line of work. We must not omit to mention a useful group of formulas placed at the end of the volume, which will prove an aid in the treatment of these maladies. The engravings are clear, and for the greater part original, while the printer has done his work so well that nothing could add to the beauty of the volume. We commend it to student, practitioner and specialist.

Physical Diagnosis. With case examples of the Inductive Method. By **Howard S. Anders**, A.M., M.D., Professor of Physical Diagnosis in the Medico-Chirurgical College, Philadelphia. Octavo, pp. 475. With 88 illustrations in the text and 32 plates. New York and London: D. Appleton and Company. 1907. (Price, \$3.00.)

It is next to impossible to overrate the importance of a knowledge of the art and science of physical diagnosis; it is a requisite part of the equipment of a physician, and forms the foundation of success in practice. Because of such exactitude at the present day in laboratory methods it will not answer to neglect clinical investigation; indeed, the latter becomes even more necessary because of the former. Anders, the younger, has exhibited a knowledge of his subject, as might be anticipated, and has brought out its essentials in bold relief such, for example, as inspection, mensuration, percussion, the use of the stethoscope, and auscultation. There is danger that percussion, so much to be relied upon formerly, will become a lost art in the presence of the dazzling opportunities of the laboratory; but Anders points out its importance and shows its methods of application.

The use of the x-ray in diagnosis is described and illustrated by numerous unusually good skiagraphs, which the author designates with the abominable term, Röntgenograms. By and large, however, the book is beyond captious criticism; the text illustrations are excellent; while not only in general but even in particular, it takes rank among the better manuals of physical diagnosis published since Da Costa entered this field half a century ago.

Progressive Medicine, Vol. 1, No. 2, June, 1907. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by **Hobart Armory Hare**, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 381 pages, with illustrations. Lea Brothers & Co., Philadelphia and New York. (Per annum, in four cloth-bound volumes, \$9.00; in paper binding, \$6.00, carriage paid to any address).

This periodical is constantly growing in value, the present number being one of the best ever issued. The first article is on hernia and is written by William B. Coley, of New York; the second is on surgery of the abdomen, exclusive of hernia, by Edward Milton Foote, of New York; the third, on gynecology, is

by John G. Clark, of Philadelphia; the fourth, on diseases of the blood, etc., is by Alfred Stengel, also of Philadelphia; and the fifth, on ophthalmology, is by Edward Jackson, of Denver.

Coley gives a description of Graser's operation for umbilical hernia which is important, this being one of the most difficult forms of hernia in which to obtain surgical cure. The article is excellently illustrated and is a valuable contribution to the literature of that form of hernia. Foote's digest of the surgery of the abdomen deserves mention for its completeness, and for the excellent quality of its illustrations. Another section of the book that attracts attention is Clark's excerpts on gynecology. It takes up many of the newer questions relating to this topic and will prove of instructive interest to gynecologists. Whoever fails to subscribe for "Progressive Medicine" misses one of the most complete and satisfactory digests of medical literature yet published.

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. Edited by **W. T. Longcope**, M.D. Volume II, seventeenth series. Philadelphia and London: 1907. J. B. Lippincott Co. (Cloth, \$2.00).

The contributors to this number are Bertram Abrahams, John A. Bodine, Charles W. Burr, H. S. Clogg, Rufus I. Cole, T. D. Crothers, Charles Greene Cumston, Jean Dardel, Joseph DeLee, W. E. Carnegie Dickson, Professor Dieuloufof, George Dock, Simon Flexner, Alfred Gordon, Smith Ely Jelliffe, Maurice Letulle, Cuthbert Lockyer, Francis H. A. Marshall, Chauncey D. Palmer, Godfrey R. Pisek, Thomas Morgan Rotch, Francis Peyton Rous, John Madison Taylor, Joseph Edgar Tyree, and John W. Wainwright.

Four articles are devoted to "Treatment;" four to "Medicine;" four to "Surgery;" four to "Gynecology;" two to "Pediatrics;" four to "Neurology;" and three to "Pathology." It is a splendid number, well illustrated, and full of helpful suggestions of treatment. Two or three papers, in particular, merit comment,—Dr. Wainwright's on "Asepsis and Antisepsis," and Dr. DeLee's on the treatment of post-partum hemorrhage. The latter is one of the most complete and scientific expositions of the subject published in recent years and is beautifully illustrated in colors. Dr. Cumston's paper on "Surgical syphilis," also claims attention as a scholarly setting forth of an important topic.

The Johns Hopkins Hospital Reports. Vol. XII. Studies in Urological Surgery. Vol. XIV. Studies on Hypertrophy and Cancer of the Prostate. Baltimore: The Johns Hopkins Press. 1906.

The thirteenth volume of these valuable reports is devoted to studies in urological surgery by Hugh H. Young, one of the most

accomplished genitourinary surgeons of the period. It is a remarkable volume, well printed and contains many original illustrations.

The fourteenth volume, by the same author, comprises studies on hypertrophy and cancer of the prostate. It is uniform in printing and mechanical excellence with the other, and like it, is well illustrated. Every physician interested in these subjects who would grow apace with progress should obtain these books.

Medical Epitome Series. Diseases of the Nose and Throat. By J. B. Ferguson, M.D., Instructor in Diseases of the Nose and Throat in the N. Y. Post-Graduate Medical School. 12mo., 243 pages, with 114 engravings. Edited by Victor C. Pedersen, M.D., Lecturer in Surgery at the New York Polyclinic Medical School and Hospital. Philadelphia and New York: Lea Brothers & Co. (Price, \$1.00 net).

This is a very instructive little book and can be read with interest, even instructively, by the advanced practitioner. By this we mean to convey the impression that it is more than a mere quiz compend, and is well worthy examination and study by the all around physician in active practice, as well as by the undergraduate for whom it is more particularly designed. It contains many illustrations of merit, and is a credit to both author and editor.

Essentials of Chemistry and Toxicology for the Use of Students in Medicine. By R. A. Witthaus, A.M., M.D., Professor of Chemistry, Physics and Toxicology in Cornell University. Thirteenth edition. Revised by R. J. E. Scott, author of "The State Board Examination Series." New York: William Wood and Company. 1907. (Price, \$1.00.)

When it is remembered that this reminder of the essentials of chemistry has passed through thirteen editions, the demand for it will be appreciated. This edition has been rearranged in part and rewritten in other part, so in considerable portion it is practically a new book. It is, too, one of the best chemistry compends extant, fulfilling all the requirements of such a book. Professor Witthaus is a veteran teacher, an expert in his specialty, and a writer who wields a facile pen,—all of which contribute to excellence in bookmaking.

BOOKS RECEIVED.

A Textbook of Clinical Anatomy for Students and Practitioners. By Daniel N. Eisendrath, A.B., M.D., Adjunct Professor of Surgery in the Medical Department of the University of Illinois (College of Physicians and Surgeons.) Octavo, pp. 535. Illustrated. Second Edition. Philadelphia and London: W. B. Saunders Company. (Price, \$5.00.)

The Principles and Practice of Modern Surgery. By Roswell Park, M.D., Professor of Surgery in the University of Buffalo, Buffalo, N. Y. In one very handsome imperial octavo volume of 1072 pages, with 722 engravings and 60 full-page plates in colors and monochrome.

Lea Brothers & Co., Philadelphia and New York, 1907. (Cloth, \$7.00, leather, \$8.00, net prices.)

A Manual of Clinical Diagnosis by Microscopical and Chemical Methods. For Students, Hospital Physicians and Practitioners. By Charles E. Simon, M.D., Professor of Clinical Pathology in the Baltimore Medical College. Sixth edition, revised. Octavo, 682 pages, with 177 engravings and 24 colored plates. Lea Brothers & Co., Philadelphia and New York, 1907. (Cloth, \$4.00 net.)

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. Edited by W. T. Longcope, M.D. Volume III, seventeenth series. Philadelphia and London: 1907. J. B. Lippincott Co. (Cloth \$2.00).

Progressive Medicine, Vol. IX, No. 3, September, 1907. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Armory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 290 pages, with illustrations. Lea Brothers & Co., Philadelphia and New York. (Per annum, in four cloth-bound volumes, \$9.00; in paper binding, \$6.00, carriage paid to any address).

Human Anatomy, including Structure and Development and Practical Considerations. Edited by George A. Piersol, M.D., Professor of Anatomy in the University of Pennsylvania. Royal octavo, pp. 2108. With 1734 illustrations, of which 1522 are original and largely from dissections by John C. Heisler, M.D., Professor of Anatomy in the Medico-Chirurgical College, Philadelphia and London: J. B. Lippincott Company. (Price, \$7.50.)

Diseases of the Genitourinary Organs and the Kidney. By Robert H. Greene, M.D., Professor of Genitourinary Surgery at the Fordham University, New York; and Harlow Brooks, M.D., Assistant Professor of Pathology, University and Bellevue Hospital Medical School. Octavo of 536 pages, profusely illustrated. Philadelphia and London: W. B. Saunders Company, 1907. (Cloth, \$5.00; half morocco, \$6.50 net prices.)

A Textbook of Physiology for Students and Practitioners. By William H. Howell, Ph.D., M.D., Professor of Physiology in the Johns Hopkins University, Baltimore. Octavo, pp. 939. Illustrated. Second Edition. Philadelphia and London: W. B. Saunders Company. (\$4.00 net.)

A Textbook of Practical Diagnosis. The Use of Symptoms in the Diagnosis of Disease. By Hobart Amory Hare, M.D., Professor of Therapeutics in the Jefferson Medical College of Philadelphia. Sixth edition, revised and rewritten. Octavo, 616 pages, with 203 engravings and 16 full-page plates. Lea Brothers & Co., Philadelphia and New York, 1907. (Cloth, \$4.50, leather, \$5.50, net prices.)

Insanity and Allied Neuroses. A Practical and Clinical Manual. By George H. Savage, M.D., F.R.C.P., late Physician and Superintendent of Bethlehem Royal Hospital. With the assistance of Edwin Goodall, M.D. (Lond.) Medical Superintendent of the Cardiff City Hospital for Mental Diseases. 12 mo. pp. 638. Illustrated. Fourth Edition. Chicago: W. T. Keener & Co. (Price, \$2.75.)

Hospital Corps Textbook. Fourth Brigade, N.G., N.Y. Edited by Lieutenant Colonel A. Smith, M.D., Surgeon, Fourth Brigade, N.G., N.Y.

Third Annual Report of the Henry Phipps Institute for the Study, Treatment and Prevention of Tuberculosis. February 1, 1905, to February 1, 1906. Edited by Joseph Walsh, A.M., M.B.

LITERARY NOTE.

MESSRS. PARKE, DAVIS & Company, of Detroit, recently have issued a brochure describing and illustrating their biologic laboratories. This department of experimental medicine is nowhere excelled in its elaborateness or equipment for scientific research. The brochure gives one an imaginary tour through this portion of their great plant and is copiously illustrated with beautiful half-tones. It is printed on heavy calendered tinted paper, quarto in size, with illuminated type, and is about as handsome a specimen of the bookmaker's art as can be produced.

ITEMS.

THE United States Civil Service Commission announces an examination on October 23-24, 1907, to secure eligibles from which to make certification to fill a vacancy in the position of anatomist (male), at \$1,600 per annum, in the Army Medical Museum, office of the Surgeon-General, and other similar vacancies as they may occur there.

THE Drevet Manufacturing Company, C. H. Marchand, President, of New York, is introducing to the medical profession a concentrated nitrogenous food called Meatox. It is said to possess unusually nutritious properties besides being palatable and very stable. We expect to say something further regarding this product at an early day.

THE State Civil Service Commission will hold examinations October 12, 1907, for the following positions among others: Assistant Sanitary Engineer, State Health Department, \$1,500; Assistant Steam Engineer, Onondaga County Service, \$720 to \$900. Library Organiser (woman), \$1,200 and \$1,500; Sanitary Inspector, State Health Department, \$3 to \$5 a day; Superin-

tendent, Erie County Lodging House, \$1,000 to \$1,200; Transit Inspector, Public Service Commission, \$1,200; Woman Officer, State Institutions, \$300 to \$360 and maintenance. The last day for filing applications for these positions is October 5th. For full information address Charles S. Fowler, Chief Examiner, Albany.

BLACKWELLS Island (*Daily News*) known the world over as the site of New York's penal institutions, poorhouse and city hospitals, may soon be a thing of the past. It has become too small to accommodate the hordes of petty criminals and miserably poor and sick of the metropolis and larger establishments are proposed somewhere outside of the city, where the prisoners and patients may be made in a measure self-supporting by farm work.

In place of the prisons and poorhouses will be established pleasure places for the teeming millions of the great Eastside. Within another year the great Blackwells Island Bridge over the East river will be opened for use and this will render access to the island easy for the Eastside poor. The proposition is to turn the big prison and almshouse buildings into buildings for pleasure and make the island a popular resort to be owned and conducted entirely by the city.

No city in the world possesses so many pleasure grounds as New York and yet there is no city in the world where so large a proportion of its population is unable to reach these fresh air spots. To Central Park is a 5 cent car fare. To Coney Island is a 25 cent boat ride. To any of the resorts about the city the fare is prohibitive to a majority of the residents of the Eastside, the people who are most shut in and who most need the benefit of a little air that does not come down a narrow light well or up a sewer. Blackwells Island would remedy all of this. A short walk from almost any part of the Eastside would bring it into close connection. Sea bathing could be enjoyed there as fine as anything at Coney. The big buildings could be altered and used for all kinds of settlement work and the humanitarians of New York have become thoroughly aroused to the possibilities which open out to them when the city decides to abandon this island as a place to keep paupers and its criminals.

FOR RENT—Partly furnished if desired, and with immediate possession: Suite of Offices at 217 Franklin Street for **Physician**, containing three large rooms, and bath with hot water; also **Dental Parlors** having skylighted operating room, with separate toilet and every convenience.

These suites are both on ground floor, the location is unsurpassed, surroundings in every way unobjectionable, and the opportunity considered rare and desirable and one that is seldom offered.

Apply—F. W. HUMBLE,
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ORIGINAL COMMUNICATIONS.

Medicine a Science—Education—The Correlation of Diseases.

Address delivered at the opening of the Sixty-second Annual session of the Medical Department of the University of Buffalo.

By ALLEN A. JONES, M. D.

Adjunct Professor of Medicine at the University of Buffalo.

AN address to young men and women entering upon the study of medicine, and to other young men and women who are pursuing the study of medicine, may well embrace a short discussion of several points of interest.

MEDICINE AS A SCIENCE.

At the outset comes the question of medicine as a science. The mistake is often made of looking upon medicine as a business that one may be apprenticed to and learn as a mechanic learns to do certain things, with his hands and a machine, and accomplish certain results. But medicine should be viewed first as altogether a science, a profoundly deep science, a science first, last and all the time. It should be considered as a science in its infancy with larger hopes and accomplishments in view for the future. Not only allied to medicine, but a part of it, are the difficult, broad and great sciences of chemistry, anatomy, comparative anatomy, physiology and physiological chemistry, pathology and comparative pathology; they cannot for one moment be divorced from medicine; they must be mastered now and in the future and for all time. There can be no possible question as to the value of biology, botany, physics, psychology, criminology, the languages, logic and metaphysics by one undertaking the mastery of the science of medicine. Education of the deepest, best and highest kind ought fervently to be espoused by one who enters this tremendously broad field. He who enters here without adequate preparation, without a deep and abiding spirit of science, will know keen and bitter disappointment, or ought to know it, when he finds that he is desperately or irremediably handicapped in the severest and hardest

of all races. There is a vast difference between the individual who with iron determination holds fast to the sciences of medicine, and the one who further and further relaxes his grip upon our only hope of attaining Truth, until he is no longer scientific, but merely mechanically skilful and artful.

It is not for many to rise higher and higher in scientific attainments as life spins out, but to those occupying even useful, laudable, but lower planes, there is an abiding consciousness that their fellows who, at great personal sacrifice and with unswerving fidelity to ideals, are loyal to science, occupy a higher position and command their admiration and envy. No longer is a physician's success or reputation based upon the size of his practice or of his following, but upon his scientific attainments, interests and sympathies. When a physician inquires with honest thought who of his fellows is greatest, his answer comes promptly—he who strives for greater scientific attainment and truth. I speak at the outset in this vein because I know so well the various and many ways in which your lives as practising physicians will militate against progressive scientific work, but there are many instances of busy physicians and surgeons accomplishing splendid work in special scientific fields and those who hold a faithful desire to continue in special work need feel no discouragement, provided they are prepared to make great personal sacrifice of time, work, and money. Either the time or the money must be given to maintain any degree of scientific research in a medical or surgical practice. When the demands of practice grow too numerous and taxing to longer allow you time and strength for clinical laboratory work, be early to engage younger members of the profession in your chemical, microscopic and special clinical research department, even though the cost be at first hard to bear.

THE CHOICE OF A LIBRARY.

In gathering together works that will eventually constitute your private library, large or small, it is wise to exercise considerable care in the choice of books. A physician's library should indicate that its possessor endeavors to be scientific and is a scholar, a literateur and a gentleman. While the best books upon the line of work he is interested in may predominate upon the shelves, the collection should contain works of wider and more varied interest. For many years it has been the custom to publish large and many volumed systems of medicine and surgery, and while these constitute some of the most valuable material of a library, it is well for the student and young practitioner to buy but few such, if any, unless the buyer has ample independent means, because a system is always somewhat expensive and, unfortunately, becomes out of date in a surprisingly short time. A student is apt to be

perplexed by and to glean little from a system, but when he is well established, the best systems will serve to round out his library and will be found to contain invaluable, well-arranged information upon many vital topics. It is possible, in some instances, to obtain single volumes of a system bearing upon the subject of special interest to the physician.

Finally, it should be impressed upon you that the standard medical and surgical journals should be early subscribed to and regularly read carefully with such despatch as your time will allow. In your earlier years of practice it will be possible for you to keep well abreast of the current medical literature, but in later years many of you will read the journals with greater difficulty because of fatigue and time taxation; but you should strive in the beginning to sift the good grain from the chaff, in order that in later years you may be enabled to gather quickly what you most need from the journals with the greatest economy of time and effort.

METHODS OF STUDY.

For those of my hearers who are beginners and who are, possibly, not favored by nature with as well ordered minds as their more fortunate fellows, it may not be out of place to dwell for a few minutes upon methods of study. Many students start wrong and are not aware of it. They work hard and attentively but do not progress. Discouragement comes and matters are worse than before. By the inscrutable ordering of that which we call chance, a companion student offers assistance and the two work together. In a short time the one in difficulty begins to experience and manifest a better understanding, a clearer insight, a greater grasp of the subject, the mists gradually sweep away, and pleasure, profit and good standing grow apace. This is explained by the fact that the first student's method of study was fundamentally faulty. He continually went over points and facts without mastering them, without thoroughly understanding them. He went over the ground without taking a fort, as it were.

The lecture or the conference was apparently clear and interesting, but in the quiet of his room the student realized that he could not define one statement that was presented; he failed to correlate the facts one to the other. His good fellow student spent a whole evening working with him upon one definition, mastering it in all its bearings until it became incorporated as knowledge, as a crystallized fact in the understanding, and the next day when the subject came up, his difficulty was lessened. I pray you know now, and through all your student life, that it is useless and wrong for you to skim over facts without mastering them and making them yours. It will be found much more profitable to spend hours and days upon one little, but important, fact un-

til it is indelibly yours, than to allow the exigencies of the course, or the student body, or laziness, or indifference, or diffidence, or any other influence, to hurry you past that fact. It will surely prove a stumbling block afterward. The numerous things you must learn may sometimes prove confusing and disheartening, but you may be encouraged by the assurance that if you will slowly and patiently incorporate one point after another as your very own, each subsequent day's work is made easier and unconsciously you will become possessors of great knowledge. Strive hard not to allow the baneful spirit of the age,—hurry,—to make you superficial. Better a few things known well than many known but superficially.

All persons are not constituted alike, and in early school days an observing teacher should discover that one pupil takes up a special subject with pleasure and ease, while another subject offers him serious difficulty. So, in the medical course, it is a common occurrence to find a student going along well with some topics and poorly or badly with others; possibly only one or two. Those of you who find one subject a stumbling block I advise, if possible, to engage the assistance and coöperation of a fellow-worker who masters that subject with a different and a better method than you adopt.

Before leaving this point it may be well to caution some of you that, the contrary doctrine notwithstanding, for you at least the condition of your brain matter has much to do with your mental efficiency; and from the utilitarian standpoint, if from no other, all habits of life having a detrimental physical effect will surely lessen your mental powers. Exercise in the fresh air, sufficient rest and recreation, and sane living should be regularly observed.

CHARACTER BUILDING.

The mass is composed of its several parts, the body of its associated organs, and the nation of many individuals. All are, in a measure, related to each other and it is absolutely impossible to find conglomerate perfection without perfection in each formative part. The Ego seems so great, the individuality so obtrusive, that it is wellnigh impossible to throw it aside and consider only the common good. Selfishness is innate and merits not reproach so long as its ambition makes for individual improvement; but it is soon seen that self-culture, in its broadest sense, involves more and more of self-obliteration. The highest selfishness thereby becomes the highest unselfishness. There must come denial along the line of all baser motives in order to achieve much in character building. It is essential, however, that a physician should early recognize the importance of those elements that go to the making of a strong and worthy character. The moralist

is apt to exhibit intolerance and impatience with those who fall below his standard of conduct, but there is one phase of the question that he does not consider, and that is the dependence of character upon physical conditions and upon varying states of ill health. There is truth in the doctrine that all men cannot build character with the same facility.

Sterling qualities are native to some; they are an inheritance and are observed to be prominent even in childhood. On the other hand, there are many who have a poor heritage and who contend against almost insuperable obstacles in the struggle for character. There is as great a difference in men in this respect as in quality of mind and, indeed, a fine mind makes doubly easy the development of character. There is, in my view, no manner of doubt that physical and nervous defects such as eyestrain, visceroptosis and various forms of neuropathia and psychopathia constitute the underlying fault in many individuals manifesting perversion of character. It is easy to detect gross bodily abnormalities, but we know little, as yet, of the structural, chemical or nutritional changes of the brain cells that may account for many defective moral and mental states. A deep sympathy born of this view of the matter will enable one to withhold harsh and unjust judgment of his fellows, and will also expedite the perception and correction of his own faults.

Bearing in mind this phase of the question, however, the purely psychic side should be given due weight. Right thinking and right acting may be cultivated, determination may be strengthened, the ability to take a larger, broader, finer view of life and its human relations may be made to grow apace by constant and sincere efforts. Much may be done to offset physical drawbacks, as well as inherited nervous and mental defects, by stern striving in the right direction. The influence of environment is of considerable importance, and a change from an unfavorable to a favorable environment will be found to be a signal help. Failure and discouragement will be the lot of many, but if faults and lapses are those of head and not of heart, a saving grace is present still and a higher success will be achieved than will be recognized by him who strives for an ideal. Thus, physicians may help in fostering good citizenship that, in the end, the lawlessness in our beautiful land may, in a measure, be lessened.

The foreseeing critic, who by some may be unjustly called a pessimist, is always unwelcome in our midst, and he who portrays the darker side of our civic, state, and national life is looked upon as a bore. Better a warning pessimism than too long a fatal optimism which is wont to smile while abuse is heaped upon abuse, while fraud in high and low finance robs the public and shatters public confidence, while labor unions and federations

violate all the laws of contract; boycott and throttle the public; murder, destroy and pave the way for the reign of anarchy; while half a million men, women and children are annually maimed and killed on the railroads and in the industrial enterprises of the country; while lynching goes grimly on and corruption and political graft thrive; while the law courts allow the vast majority of criminals to go free; while robbery and ugly lawlessness in many forms run riot in the land. I pray you young men and women to promote a high standard of citizenship, so that you may in some degree assist in this mighty national struggle for character that must and will eventually triumph.

There exists a happy belief in the minds of many students of political and social questions that we have in education a remedy for most of the prevalent evils. It is true that education along the right lines offers a practical and scientific means of changing existing conditions, we may hope, in a large measure; and the physician's field for influence in this connection will widen in scope and opportunity when medical inspection and direction of school children is generally established, and when, as is the case in some other countries, the people are represented in the legislature by a larger proportion of physicians than is the case with us at present. There is needed, however, a change in some of the methods of education that more particularly interests physicians, and that has particular reference to the establishment of definite plans for the betterment and uplift of the future generations. All our past and present educational plans have regarded the immediate gain to the individual as greater and more important than the distant, indirect gain to his kind. The chief aim of education has been toward the acquirement of some special knowledge as a means of self-preservation, without regard for the knowledge that man lives in generations and that preservation of the species is of more far-reaching importance. It is not alone desirable that a nation should increase in numbers, but that the individual standard should constantly rise. Education should have charge over the physical as well as the intellectual development of the young to the end that not only mental, but physical disharmonies may be corrected. The best possible strength, form and fitness of body should be the aim of education throughout one generation to another, as only thus is there any hope of emancipating the race from physical degeneracy.

Strong emphasis should be laid by educators upon the prime necessity of well-mating instead of ill-mating. Marriage between defectives should be openly opposed and a proper sense of responsibility in this matter should be firmly implanted. To marry with disease should be prohibited by the strongest arm of effective law. The curb of a higher rationalism should be put upon

the deplorably ill-assorted marriages of the present age. Alcoholism, crime, poverty and their wretched accompaniments should disqualify for marriage. Deformity of body or mind should be considered as a ban to marriage. Sentimentalism and emotionalism should be subjected to reason and practical breeding in the human race be brought to a final realization. All these matters come under education and along such lines only may the nation look forward to physical, intellectual and moral betterment. Generation upon generation, century upon century, must roll ere greater standards are reached, but there is no other way. Many must fall and be scattered by the way in order that one may emerge perfect in head and limb, but quality must ever supersede quantity if this human and national problem is to be worked out, and it will not be consummated until educators, one and all, learn that the hereditary influence of protoplasm is extremely far-reaching and powerful, and resists the influence of environment with intense obstinacy.

CORRELATION OF DISEASES.

As you take up this course, it is well that you should be cautioned not to expect to find diseases standing alone as entities unrelated to other diseased conditions of the body. As you prosecute your studies with observing and analytic minds, you will discover a definite relation between many diseases that may seem, at first glance, wholly independent of each other, as they are wholly unlike each other. There often exists a close causative relation, for instance, between typhoid fever and gallstone disease, the latter being secondary to the former and possibly not appearing until long after recovery from typhoid. The dissimilarity between the symptoms of typhoid fever and those of cholelithiasis is very striking; in the one case the continued temperature, the low pressure, often dicrotic, pulse, the hebetude, the rose rash, the abdominal distension and low delirium with, perhaps, hemorrhagic discharges from the bowels and other symptoms of a pronounced general infection; and in the other case, the sharp attacks of severe epigastric pain with nausea and vomiting appearing in a person with apparent good health, possibly accompanied by some degree of jaundice, with the mahogany colored urine and clay-colored stools incident to that condition. If any temperature supervenes in the course of cholelithiasis, it is usually of an intermittent type. Surely the contrast between these two clinical pictures is apparent to you. Yet the sequence of events in such cases has been found to be this: typhoid bacilli find their way into the gallbladder during the fever and excite a typhoid cholecystitis which persists in a subacute or chronic type until calculi form. The chemical composition of the contents of the gall-

bladder is altered in inflammation of the organ, and with a nucleus either of calcium bilirubin or clumps of the typhoid bacilli, successive layers of cholesterin are deposited and thus the calculi are built up. Gallstones do not often form unless cholecystitis exists and typhoid fever in this instance is directly responsible for the gallbladder condition, and thus the diseases are correlated.

It has long been observed by physicians that weak heart not infrequently follows typhoid fever, and careful studies of the heart muscle have demonstrated that this weakness is caused by degenerative or inflammatory changes of the myocardium. Various parenchymatous changes occur, but they are not easily differentiated by their clinical manifestations. Albuminous, lardaceous, and fatty degeneration, segmentation of the fibers, nuclear changes, and myocarditis may, one or more, occur. Occasionally there is found an obliterating endarteritis of the smallest arterial twigs of the myocardium and pericardium, as observed by Hayem.

Although the cardiac symptoms dependent upon these vital changes are apt to make themselves manifest during the course of typhoid fever their impress upon the strength of the heart may be felt long after convalescence. If the heart was healthy before the onset of the fever and during its course there occurs sudden pronounced weakness and increased frequency of the pulse, with probable irregularity and arrhythmia, and dilatation of the heart, myocardial involvement is almost certain to have occurred. Cardiac dilatation is at first apt to involve the left side while the right side dilates less frequently and may escape entirely. The apex beat is indistinct and diffuse, or may, in the severest cases, not be demonstrable at all. Upon auscultation, in marked cases, the heart sounds are indistinct and faint, the second pulmonic accentuated and aortic closure enfeebled. Curschmann calls attention to the fact that notwithstanding the alarming nature of the symptoms at times the prognosis is not unfavorable as it is in a similar myocardial condition in diphtheria. I mention these conditions as occurring in the febrile period of typhoid to show you the intimate relation existing between a special infection and one of the most important viscera, but more particularly I wish to call your attention to the later cardiac condition.

Occasionally cases occur in which, after the greatest care and strict rest in bed have been observed, three weeks after defervescence of the fever there appear marked disturbances of the pulse and heart and, perhaps, a mitral insufficiency, relative in character, or due to impaired activity of the papillary muscles.

Fortunately, the prognosis in these cases is favorable so far as immediate danger to life is concerned, but some cases carry cardiac weakness with them for years afterward, and cardiac mur-

murs are likely to persist in a large percentage of cases that develop them during the fever. Before speaking of the later morbid changes the arteries may undergo because of typhoid fever, let us first consider the acute arterial complications that are sometimes seen during its course. Spontaneous gangrene of the extremities due to arteritis and arterial thrombosis is occasionally seen. From cases presenting this infective arteritis, some French investigators claim to have cultivated typhoid bacilli from the diseased arterial walls. Typhoid gangrene nearly always happens in the lower extremities and, as a rule, only one is involved. Bachmayer, however, described a case of bilateral gangrene of the legs. Keen collected 115 cases of gangrene of the extremities in typhoid fever. In the lower extremities it was present with equal frequency on the right and left sides. It occurred as early as the end of the second week and as late as the seventh week. The gangrene may involve only the toes or may extend half way up the thigh, and in these cases thrombosis is found in the iliac, femoral or posterior tibial arteries.

Although gangrene elsewhere than in the lower extremities occurs with extreme rarity, yet the fingers or the cutaneous covering of the back of the hand have been observed to be its seat. Patry noted gangrene in the distribution of the external carotid, the auricle, the parotid gland and adjacent parts being involved, and Curschmann cites a case of circumscribed cerebromalacia developing right hemiparesis with asphasia in which, post mortem, there were found extensive softening of the middle portion of the left hemisphere and adhesive thrombosis of the artery of the fossa of Sylvius. Welch and Osler also mention cases of typhoid cerebral arterial thrombosis. In the aorta and large arteries internal changes and sclerosis may be observed.

Recent studies have, however, shown that chronic arteriosclerosis may follow typhoid fever, and to Thayer¹ we are indebted for a very interesting investigation of this question. At the outset he considers the influence of acute infections in general upon the production of atheroma of the aorta and arteriosclerosis. The French literature contains many references to this point. Thayer quotes Gilbert and Lion, Crocq and others as having produced fatty sclerotic changes in the aorta of rabbits by slightly injuring the walls and injecting pathogenic bacteria: and Thoma considers typhoid infection an important cause of angiomalacia which he teaches is the primary lesion in arteriosclerotic processes.

In the light of our past views upon the question of the varying degrees of etiologic influence played by different infections in the initiation of arteriosclerosis, it is rather startling to learn

1. *Am. Jour. of the Med Sciences*, March, 1904.

the conclusions of Landouzy and Siredey to the effect that "after acute articular rheumatism, typhoid fever appears to give rise to more angiocardiac complications than any of the other infectious diseases." "Among the most important and commonest of these complications are those which arise insidiously during the course or decline of the disease. The angiocardiac lesions are important to recognize, less because of the prognostic reserve which they demand during the course of the disease itself (collapse, sudden death) than for that which they impose upon us for the future." Dr. Thayer succeeded in recalling by means of letters 183 former typhoid fever patients to the Johns Hopkins Hospital, and they were examined as to the condition of their hearts, bloodvessels and blood pressure.

It was found that by comparing 276 healthy individuals and 165 old typhoids, the average blood pressure in the latter was distinctly higher than in the former. Regarding the palpability of the radial arteries, 181 old typhoids were studied with the result that over fifty per cent. of cases about twenty years of age were found to have palpable radials. Irregularity was noted in the distribution of the sclerotic processes in the peripheral vessels. Not uncommonly one radial was found thickened while the other was unaffected, or one temporal artery was tortuous while the other was apparently normal. Two series of old typhoids and healthy individuals were then compared as to the palpability of the radial arteries, and it was found that between the ages of ten and fifty years the old typhoids showed 46.8 per cent. as compared with 17.6 in the normal cases.

An interesting and important part of the study consisted in grouping two lists of cases, old typhoids and normal individuals, none of whom gave a history of severe infectious disease or of alcoholic habits, and it was found that old typhoids gave 45.7 per cent. while non-typhoids showed only 15.1 per cent. of palpable radial arteries.

Investigation of changes taking place in the thyroid gland in typhoid fever has disclosed some interesting facts. Although extremely rare, thyroiditis was nevertheless observed in the European clinics in 40 cases up to 1896. There occurs an acute, painful swelling of a portion of or one-half of the gland; the whole gland is inflamed with great rarity. The inflammation may subside or terminate in suppuration. Very rarely death may occur from suffocation owing to compression or displacement of the trachea, or from abscess rupture into the trachea, but usually nothing serious happens, and recovery is the rule.

This complication is seen more frequently in Switzerland than in other countries, owing to the incidence of goiter which evidently predisposes to it. It has been observed in 19 of 1818 cases of

typhoid in Switzerland, while in but five cases in 1376 autopsies in other parts of Europe and the whole series of cases during the great Hamburg epidemic. In some cases typhoid bacilli have been demonstrated to be the cause of the strumitis while other cases are complicated by the presence of pyogenic cocci. The affection appears late in the disease.

Glossitis though uncommonly seen as a complication of typhoid fever yet is present with sufficient frequency to merit mention. I have seen it cause a fatal termination. It usually supervenes during the fastigium, but McCrae reports a case with onset the twenty-fifth day of normal temperature. It was associated with a typical relapse, and recovery was the outcome. In typhoid glossitis the tongue becomes enormously swollen and dark red, in fatal cases almost black. It may assume proportions causing it to protrude and fill up the pharynx causing death by suffocation and exhaustion. Dysphagia is an early symptom and soon the patient may be wholly unable to swallow even water. This complication is most horrible and agonizing in fatal instances. Suppuration may occur and rupture of the abscess take place into the pharynx or the larynx. In some instances the neck becomes enormously swollen, the eyes bloodshot and protruding and the face swollen and cyanotic. The tongue soon becomes dark coated and the breath is apt to have a putrid odor. Gangrene of the tongue may occur.

Considerable importance attaches to the question of ulceration of the mucous membrane of the larynx and perichondritis in typhoid fever. Infiltration of lymph follicles has been found upon the posterior wall of the larynx and upon the base of the epiglottis, and typhoid bacilli have been demonstrated in these follicles. Like the lymph follicles in the intestine, these tend to ulceration and necrosis. Ulceration of the larynx may, however, occur in any other way in typhoid fever. Incident to the commonly associated laryngitis with cough there may occur small erosions upon the wall of the larynx between the arytenoid cartilages and the attachment of the vocal bands, and these erosions may extend during the period of greatest tissue depression in the disease, and become more or less extensive ulcerations. The situation of the ulceration is always on the posterior wall, but there seems to be insufficient warrant for regarding it as decubital. If secondary perichondritis and necrosis of cartilage take place, the cricoid and arytenoid cartilages are usually involved.

Turning now from typhoid fever to a consideration of a few other diseases accompanied by important complications and followed by momentous sequelæ, let me call your attention first to acute infectious polyarthritis. This disease may often be traced

to some antecedent affection as, for instance, follicular or parenchymatous tonsillitis which affords the inoculation of the body with streptococci, staphylococci, or possibly with some undiscovered microorganism that is the specific cause of the disease. Given the establishment of acute multiple arthritis of this type, endocarditis occurs secondarily in a large proportion of cases. Endocarditis in its turn frequently causes valvular disease which is later to blame for hypertrophy and dilatation of the heart. In time the cycle of disease induces pulmonary congestion, and soon there develops passive congestion of the liver, gastrointestinal tract and kidneys. Thus, a cyanotic kidney is related, as between cause and effect, to the follicular tonsillitis. The same sequence of events often follows scarlet fever as it is prone to excite endocarditis. Scarlet fever also has a special predisposition to excite a more or less acute parenchymatous nephritis. In some cases this assumes the form of a glomerulonephritis and with total suppression of urine the victim of the disease may promptly die of uremia. Sometimes a more chronic form of nephritis develops and secondary changes in the circulatory apparatus generally supervene.

So, also, a special localised infection that may be accounted trivial, may prove deadly through the highways and byways of the system. Thus a small boil may turn out to be the seat of inoculation of some virulent organism and general septicemia results. Or gonorrhea may cause ulcerative endocarditis with its widespread septic and embolic effects and fatal termination. Or septic endometritis, excited by careless artificial abortion, may cause septic thrombophlebitis in a uterine vein, a fragment of the intravenous thrombus may be swept off and carried through the veins to the right ventricle and from thence be forced to a pulmonary arterial branch which it plugs, thereby forming a septic infarct in the lung and a small abscess near the periphery of the lung which may rupture into the pleural cavity and establish a fatal pneumothorax. This cycle of events was observed by several of us in a case in the Buffalo General Hospital some years ago, illustrating in a tragic manner the correlation of disease processes.

In closing let me wish you good health, pleasure and success in your college life. May goodfellowship abound and may you squarely face your tasks and conquer them in a spirit of undaunted cheer, willingness and courage!

436 FRANKLIN STREET.

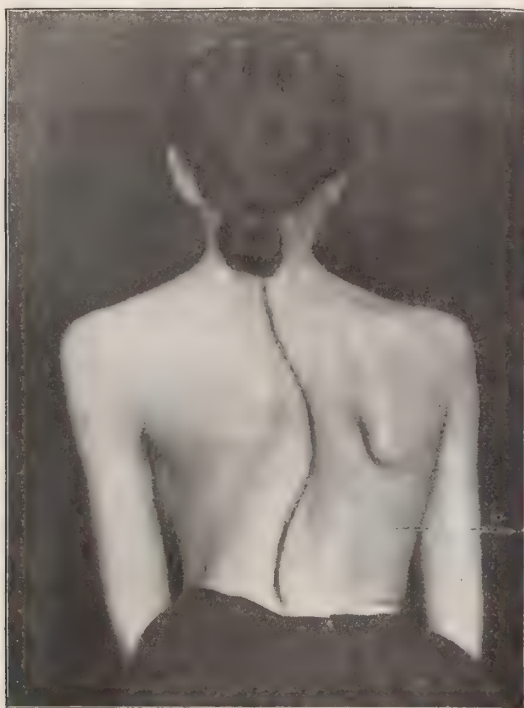
"BUT," asked the young doctor, "why do you always order champagne for every new patient that comes to you?"

"Because, my boy," replied the old practitioner, "I can judge by what the patient says whether or not he can afford it. That helps me when I come to make out my bill."—*Philadelphia Press*.

Some Comments on the Causes and Treatment of Lateral Curvature of the Spine.

By PRESCOTT LE BRETON, M. D., Buffalo, N. Y.

IN tabulating fifty private cases of spinal curvature, it was found that twenty-six were instances of the ordinary adolescent type, one was due to occupation, seven to various types of nervous disorders, one to empyema, two to Pott's disease, eight to unilateral hypertrophy or a short leg on one side, three to sciatica or sacroiliac affections, and two accompanied spondylitis de-



Ordinary adolescent type of severe grade.

formans. No cases caused by eye conditions, rickets, cervical rib, or congenital malformations were noted. This corresponds very well to the usual classifications and relative frequency of causes.

Lateral curvature is an acquired condition, due to the fact that the upright position is assumed. Fourfooted animals very rarely develop scoliosis. If a curvature once begins in the human being, gravity usually increases and continues the same, because the weight of the upper part of the body is now falling obliquely and tending to increase the dis-

tortion whenever the sitting or standing position is assumed. It is a pity that in a beginning case of the ordinary type we can not order for a period a fourfooted method of progression for several hours daily, the patient resting the remainder of the time. This is a means of treatment which would attack the cause directly and warrant a cure. Klapp attempts to imitate this in his system of exercises, that is, causing his patients to creep on hands and knees about the room for two hours daily, in this way exercising the spine and increasing its flexibility while it is relieved of strain and passively corrected. The hands and knees are protected by leather pads. Every step in this position calls upon the spine for considerable side flexion and many of the trunk muscles are brought into play.



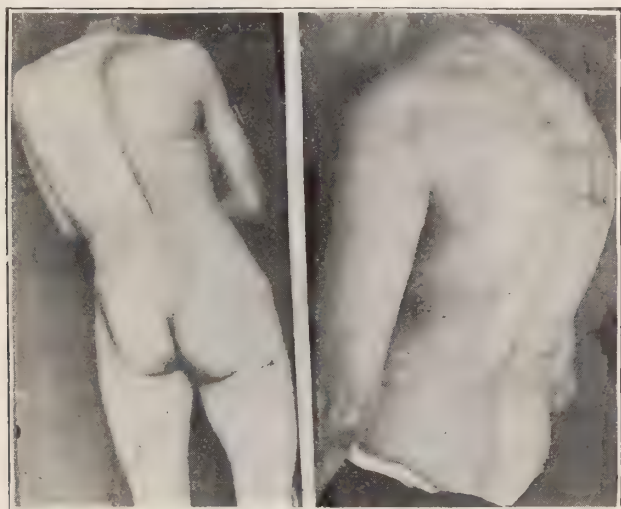
Curvature caused by unilateral hypertrophy.



Ordinary adolescent type of mild grade.

There is a growing tendency among the profession to give up the complicated corrective exercises in the upright position and to persevere in symmetrical exercises in the prone posture,—in other words, developing tone and flexibility first and teaching the best standing position later on. Upon the presence of flexibility largely depends the prognosis in a given case. If we cannot correct and overcorrect the curve forcibly in a corrective machine, the best we can say to the patient is that we will try to prevent increase of curvature and hope to improve the case to a certain degree. The problem of correction of a rigid curve is still open. The conditions have been compared to the rigid flat foot. Lovett's and Wullstein's forcible correction in plaster-of-

Paris jackets gives the best promise at present. They apply successive jackets rapidly, each correcting more than the previous one, and the plaster is applied while the spine is held straight as far as possible in a machine. A certain degree of correction may be obtained in this way and a certain degree of relapse unfortunately follows as soon as the jackets are discontinued. Hoke has recently brought forward an added feature to this method. After the application of such a jacket the plaster is cut away on the concave and depressed side, and forcible breathing exercises are used to force the ribs outward and increase the amount of correction already obtained.



Marked curvature, due
to sciatica.

Kyphosis and scoliosis, due to
spondylitis deformans.

The keynote of treatment of any deformity is to overcorrect it and to hold it overcorrected until nature and the adoption of new habits establish a cure. The inability to follow out this rule in the case of curvature explains the poor results obtained. One may often accomplish a great deal by restoring symmetry and inducing new habits. In other words, examine the patient for flat foot, knock knee, unequal lower extremities, sloping of the pelvis to one side or swaying of the trunk to one side. By adding one half or three quarters of an inch to the heel of one shoe, by causing the patient to sit on an inclined chair, by calisthenics, by the formation of new habits in standing, sitting, or sleeping and by the adoption of the "West Point" attitude, we are treating the patient and indirectly treating the curvature. In eighteen

of the twenty-six ordinary types of cases above mentioned, it was found that a change in the sole of the shoe affected the curvature favorably, especially if it were in the lumbar region. In fact, for several reasons, the writer has adopted the general rule that the higher the curve in the spine, the more difficult and uncertain the treatment.

One warning of especial significance should have stress laid upon it, which is this: the worst treatment possible for an early ordinary case is to advise a visit to the instrument maker, who puts on a support and gives no exercises. The patient, already suffering from poor muscular development, lack of tone, and bad postural habits, learns to depend on the artificial support which,



Deformity, due to empyema in
early childhood.

of course, does not correct the curvature, and in a short space of time gravity has effected irreparable damage. Far better send the case out in the open air to indulge freely in games and sports of all kinds. Here is the explanation why, although mild grades of curvature before puberty occur as frequently in boys as in girls, later on we find such a large percentage of girls under treatment. They stopped play to become young ladies and a certain number soon must pay the penalty. It is true that girls should not indulge as actively as boys in games but a middle line may be pursued greatly to the benefit of the girl. Light exercises and play will preserve natural suppleness, freedom of joint motion, coördination and sense of balance. Three of the worst cases that the writer has seen, two of them recently coming under observation, were at first treated solely by support, during which period

the opportunity for cure was lost, and marked bony deformity appeared.

In curvature due to occupation an opposite factor is at work, that is overwork for one side of the body. The case mentioned was that of a young man accustomed for several years to swing a sledge hammer to the right all day long. The one sided character of the work induced by degrees a very marked dorsal curve.

In cases due to nervous disease when the trunk muscles are partly paralyzed on one side, the convexity of the curve is usually toward the sound side. Here two observations may be



Curvature, due to paralysis of the trunk muscles.

made. These cases, as a rule, do better with support than without, although other means of treatment should be continued vigorously until full growth is obtained. Also the patient must be seen frequently from the ages of twelve to sixteen because some of them at this time grow much worse. The writer has seen three cases of anterior poliomyelitis, in whom a slight curvature existed for several years, which increased most rapidly to a severe degree at the ages mentioned. At such a time there should be employed daily massage, electricity, and forced breathing while one-half the chest is held by adhesive plaster or similar means. _

Empyema, pleuropneumonia, or rib necrosis, may induce a depression of the chest on one side, which may be followed by rotation and curvature. After the deformity has become fixed by bony and ligamentous changes breathing exercises can not alter it. Support is often indicated to relieve backache and discomfort.

Occasionally in Pott's disease scoliosis becomes an added factor. A plaster jacket applied while both deformities are corrected as far as possible, offers the best means of treatment. The same may be said of the curvature accompanying spondylitis deformans. Patients who have sciatica or disease of the sacroiliac joint frequently lean away from the affected side until a lumbar curve results. Not much can be done for the curvature itself until the primary condition is cured, when a high heel on the opposite side may help to restore symmetry.

23 IRVING PLACE.

Strangulated Inguinal Hernia in Infants with Report of a Case.

By JOHN EGERTON CANNADAY, M. D., Hansford, W. Va.,

Surgeon-in-Charge, Sheltering Arms Hospital.

(*Author's Abstract*)

THE author discusses the subject of inguinal hernia in infants and concludes that it is best to advise the wearing of a truss for several years of infancy and early childhood, with the hope of getting a cure without an operation—only resorting to operation in case of strangulation or of failure to effect a cure by the use of a truss.

When strangulation does occur, operative relief is even more imperative than in the case of an adult, as the powers of endurance are less. The pathology and symptomatology, diagnosis, prognosis, and treatment of strangulated hernia is considered. The author does not believe in wasting much time in taxis. He gives indication for reduction or resection of intestines. He objects to transplantation of the cord by reason of its predisposition to epididymitis. He advises the use of buried sutures of 30-day chromic catgut. The skin edges are brought together by a subcutaneous suture of celluloid linen thread.

The author reports a case of strangulated hernia in a three-months old male baby. Reduction was attempted under chloroform anesthesia before patient was brought to the hospital. The operation was performed under local anesthesia induced by a 2 per cent. solution of eucaïne; a collodion dressing was used. Cannaday summarizes as follows:

I would note the infrequent but occasional occurrence of strangulated hernia in infants. The ease of a reasonable certainty

in the diagnosis of this condition. The dangers of operation in infants have been overestimated. The dangers of taxis by reason of the fragility of the structures involved. By proper precaution and care the risks of post-operative infection can be largely eliminated. The shock incident to anesthesia and prolonged manipulation can be avoided by the proper use of a sterile and practically nontoxic local anesthetic and by rapid and careful work.

SELECTED ARTICLES.

Danger Signals in Anesthesia.¹

By SAMUEL JOHNSTON, M. A., M. D., Toronto.

[*The Canadian Practitioner*, October, 1907.]

THE subject I have chosen for this paper was taken on account of the general lack of knowledge on the part of the practitioner in the recognition of signs of danger in the administration of anesthetics, or even, when recognised as something unfamiliar in the routine signs of anesthesia, the inability to interpret them.

It is not to be expected that the busy practitioner can have the time or opportunity to make himself familiar with all or even many of them; nevertheless, since he is called to give not a few anesthetics during the year's routine of duties, a few hints on the more commonly met with signs of danger may not come amiss.

Next to the proper method of administration, the recognition of any variation from the usual signs of surgical anesthesia is of the utmost importance, for if one can train himself to recognise the initial approach of danger the real dangers may often be avoided, and no doubt some lives saved. Signs of danger are so varied and so subtle that unless one is giving more time and attention to their recognition than is possible for a general practitioner to do the dangers are realities to be coped with rather than avoided.

It is difficult to point out, simply by means of reading a paper, all the different indications that present themselves to an experienced anesthetist during an administration. He has come to his knowledge through the slow, varied and time-honored process of personal experience, and besides, there do arise some unaccountable conditions of which, from experience, he has learned what the result will be if the warning they convey is not heeded.

It would be a simple matter for the expert to impart his knowledge were he able to demonstrate clinically, in one or two patients, the signs as they appear to him when giving an anesthetic, but in order to do this it would mean possibly as many different

1. Read at meeting of Canadian Medical Association, Montreal, 1907.

patients and methods of administration as there are dangers to be met.

Dangers do come unexpectedly even when the most careful administration is given and the closest watch kept; nevertheless, many could be avoided if one studies the signals heralding their approach and is prepared to act promptly and efficiently in averting them.

I will endeavor as briefly as possible to indicate a few of the more frequent signs of danger and the methods of treatment which have been most successful.

Before commencing an administration the anesthetist should acquaint himself with regard to the condition of the patient, and although an elaborate examination is not usually desirable, for he will be told of any preëxisting disorder, still on two important points he must be fully informed, namely, the way in which respiration is performed and the condition of the circulation. He should acquire the habit of gaining an impression of his patient's physical make-up, as to the ease or difficulty, rapidity, depth or shallowness of his breathing, and as to the vigor or feebleness of his circulation. He should note the way the patient moves, speaks and breathes, and carefully observe his color, feel the pulse, and, if there is a suspicion of abnormality within the chest, use the stethoscope. People differ much in their behavior towards anesthetics, and this depends both upon their physical and their psychical natures.

A perfectly healthy individual of fine physical development is very often a difficult subject to anesthetise, for the reason that the greater the muscular development the more prone are mechanical difficulties to arise. Muscular spasm of a firmly-set jaw in an athletic young man is no easy proposition to handle.

The red-faced, short-necked, plethoric or alcoholic individual is very liable during the induction period to have much congestion of the tongue and fauces and spasm of the jaw. It is wise in all such cases, especially when ether is the anesthetic, to insert a small prop, with a string attached, between the teeth.

In the edentulous, if a prop is not inserted or a pledget of gauze placed between the gums and cheeks, obstruction to breathing arises by sucking in the cheeks.

When there is obvious and extensive nasal obstruction, the mouth must be propped so that the patient may receive enough of the anesthetic, with proper admixture of air, to produce smooth anesthesia. In partial obstruction I use small rectal tubes, cut six or seven inches long, passed through the nares to nasopharynx. These, well vaselined, should be placed in position after the patient has been partially anesthetised, and joined with a safety-pin in front, so that they will not slip beyond reach. This

is a most excellent method with stout patients, whose tongues swell or fall back.

Pale, weakly individuals are easier to anesthetise than the athletic type and, generally speaking, women more easily than men. Women, are, however, more liable to emotional excitement, but seem to be particularly free from a tendency to muscular spasm.

Very fat persons do not take ether well on account of the congestion of the tongue and fauces and hypersecretion of mucus it produces. With these patients the C_1E_2 mixture acts well.

Neurotic or hysterical people are liable to spasmodic muscular contraction, and complete muscular relaxation is more difficult to keep, as a rule, with them than with other patients.

With painful lesions, especially in connection with those of the genitourinary organs, reflex excitability is prone to occur, but certainly the operation should not be begun until this excitable condition is overcome.

For example, in stricture cases, in passing instruments, often when the instrument reaches a particular part reflex spasmodic inspiration is set up, even though there is deep anesthesia. This variation in the breathing may occur when the sphincters are dilated or uterus pulled down.

Very nervous, timid people should be anesthetised with ether rather than chloroform. Even without anesthetics such people have died of fright, and so, owing to the depressing effect of chloroform, ether has the element of safety lacking in the other drug.

Dangerous conditions show themselves in the following ways:

1. Obstruction to respiration, due to foreign bodies such as blood, mucus, loose teeth, etc., congestion of the tongue, fauces, etc., spasm of muscles of the jaw and neck, collapsing cheeks in the edentulous, laryngeal spasm and general respiratory spasm.
2. Depression or failure of respiration.
3. Depression or failure of circulation.

These last two effects may be due to the toxic action of the drug, reflex effect of the operation, or the physical condition of the patient. Depression and even failure of circulation may arise from vomiting, but more frequently in any case with chloroform than with ether as the anesthetic. Therefore the probability of trouble arising, as shown by numerous signals, both in the patient before anesthesia has begun and also after the induction, can to a certain extent be foretold and preventive measures adopted.

When *spasm* and *congestion* occur they are to be met first by pushing forward the jaw behind the angles. If this is not enough, the mouth is to be opened with a gag and the tongue drawn forward with tongue forceps. If the anesthetic is being given with

a free supply of air, the spasm will soon pass away. But it may be necessary in thick-necked individuals during anesthesia, and in the edentulous, that the mouth be kept open, the lower jaw pushed well forward and the tongue forceps used from time to time, or the tubes, mentioned before, inserted.

With *foreign bodies*, turn the head to one side and sponge out the offending materials or remove with the finger. When a hard substance has been inhaled the patient must be inverted if passing the finger cannot recover it.

For *laryngeal spasm*, indicated by a high-pitched "crowing" noise with inspiration, occurring usually under chloroform, the treatment is rhythmic tongue traction with the forceps.

Commencing failure of respiration is perhaps the most common condition arising during anesthesia, due partly or wholly to the anesthetic. Pallor or blueness of the face, feebleness of breathing, combined with an insensitive cornea, herald this danger. If the administrator stops the anesthetic, rubs the face and lips briskly with a towel, and lowers the head, he will usually succeed in restoring breathing; but if not, the case must be treated as one of respiratory failure. In these latter cases the pupil usually dilates, but it is not a safe sign, for it often remains contracted, especially in infants, until death is imminent.

This incipient respiratory failure must also be distinguished from the very quiet breathing of too light anesthesia. This, however, is easy, as depression in respiration, associated with slow, feeble and irregular pulse, pale or livid countenance, and insensitive cornea, as well as consideration of the length of time of the anesthesia and the previous state of the patient's health, will all have impressed themselves, so that the anesthetist will be alert to impending danger.

In *arrest of breathing* the treatment will be the same whatever the anesthetic employed. Place the patient on his back, with head in line with the body, not above it, and turned to one side. Half open the mouth and draw out the tongue with the tongue forceps; pass the finger to the back of the throat and hook the base of the tongue and epiglottis forward and quickly sponge out the throat. Then firmly compress the chest, placing a hand at each side of the sternum, and using the weight of the body. If breathing does not start now, have an assistant keep the tongue forward and the mouth open, compress the chest again, and if this is not sufficient to reëstablish breathing, seize the patient's arms and do artificial respiration by Sylvester's method. Artificial respiration, by Sylvester's method, and squeezing the chest (Howard's method) are to be repeated slowly, a pause after each compression. Then repeat the series, first inflate, then compress and pause, doing this about fifteen times a minute until breath-

ing begins. Usually a deep sigh signals this return. Be sure and expel the air before beginning to inflate, for the atmosphere in the lungs is laden probably with the anesthetic, and do not carry out the movements too rapidly. This is the essential mode of procedure and of the first importance to be carried out in detail.

Artificial respiration is the great restorer of both cardiac and respiratory action, and it can unaided restore the patient. Time must not be lost getting drugs, injections, etc., for these may fail and valuable time is passing in which artificial respiration would probably have succeeded. However, if further help is available, accessory aids may be used if thought necessary, such as giving a hypodermic injection of strychnia (1-20 to 1-12 of a grain) into the thigh or lower abdomen, rectal injections of one pint of water at 105 deg. F., with two ounces of brandy, brisk friction of the face and gums with a dry towel and bandaging and raising the lower limbs.

If circulatory failure has occurred, compression of the heart between the hands, one on the chest and the other pushing up below the left costal arch, is excellent. The reflex effect of the operation on respiration is usually seen by a deepening and quickening of the breathing when the skin is being incised, but if the patient is not sufficiently anesthetised the beginning of the operation may cause a spasmodic holding of the breath, which in the case of chloroform is very dangerous. However, it should be borne in mind that operations on the rectum and vagina, even when the patient is fully under the influence of the anesthetic, generally cause a noisy, jerky respiration, so much resembling stertor that it is sometimes mistaken for it. Such respiration does not indicate an overdose of the drug.

The *position in which the patient is placed* may interfere so with respiration that it will lead to depression and stoppage of breathing. The most formidable accident in surgical anesthesia is *circulatory failure*, which more often accompanies chloroform anesthesia than any other anesthetic. When an overdose of this drug is given, the quiet breathing of deep anesthesia sometimes becomes noisy and stertorous, the pulse loses its strength, becoming intermittent, flickering and disappearing in a few moments of time. Then breathing grows more and more shallow until both respiration and radial pulse are gone. These are the usual signs. At this point artificial respiration will often restore the breathing and rescue the patient from death. But, on the other hand, the pulse may be beating well, the breathing quiet, the heart and respiration suddenly stop without warning, or one of such an evanescent kind that only the keenest observation will detect it. The fleeting danger-signal alluded to is indicated by a pallor around the mouth projecting upwards beside the alæ of the nose, and if

the finger is on the facial or temporal pulse an irregularity and then intermittency occurs. If one is quick enough artificial respiration may be started before the pulse disappears.

Heretofore I have said little about the pupil as a signal when danger is imminent, for I have found that in the case of most anesthetics it is unreliable. In chloroform anesthesia it may, perhaps, be more of a guide, in conjunction with other signs. However, when a patient's pupil is found to be a reliable guide, it affords the earliest signals of danger and the surest signs of safety. The pupil is much contracted, the patient insensible, when no danger is near, but on the slightest amount of over-dosage being given it dilates. Now is the time to resort to measures to effect restoration.

This dilatation of the pupil from overdosage must be distinguished from the same condition when the patient is emerging from the narcosis, and also just before nausea and vomiting ensues. Here the utmost caution is needed. In the latter the patient will show signs of returning consciousness, in the former the condition of deep anesthesia will persist, the pulse will be almost imperceptible and respiration hampered. When the dilatation of the pupil results from returning consciousness, the treatment is a fresh supply of chloroform, which will also usually prevent vomiting and cause the pupils to return to their normal size. In dilatation of the pupil produced by the surgeon's manipulation of sensitive parts, the anesthetist will continue to give the anesthetic.

When *vomiting* occurs in spite of all efforts to prevent it, the head must be turned aside and free outlet given to the vomited matter, and if necessary cleanse the mouth with the finger covered with gauze. The danger to be avoided in this emergency is the sucking backward into the larynx of vomited matter when the patient draws in the deep breath following the emesis.

A word in conclusion. Signs of danger and collapse may arise at any time from the induction period until the last drop of the anesthetic is given. It therefore behooves the administrator to be impressed with the fact that during an administration of any anesthetic eternal vigilance is the price of safety.

SYPHILIS AND MASSAGE.—Robert W. Taylor, New York, describes a case of syphilis occurring while the patient was undergoing massage treatment from an operator who had mucous patches in his mouth, and who slobbered and wiped the saliva away from his mouth with his hands. Some benign papules became inoculated by this saliva and produced initial lesions which were followed by a typical attack of syphilis.—*Medical Record*, October 12, 1907.

Puerperal Infection from the Gonococcus.

By ELLICE McDONALD, M. D.

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(*The Post Graduate*, October, 1907)

INVESTIGATION of the causes of puerperal peritonitis has proved that it is caused by many organisms of which the streptococcus is most prominent, both in severity and frequency. No inconsiderable proportion of cases of puerperal infection are, however, the result of infection with the more uncommon organisms, such as staphylococcus, gonococcus and pneumococcus. The streptococcus, however, is the infecting organism in the majority of cases and was present in 40 per cent. of 498 cases collected by the author,¹ in which the contents of the uterus was studied bacteriologically.

In this study it was interesting to observe that in the earlier cases the gonococcus was but infrequently mentioned, but coincident with improvement in bacteriological technic, the frequency of its isolation from the uterine lochia was much increased. Heretofore widely divergent views have been held in regard to the pathogenicity and frequency of the gonococcus as a cause of puerperal infection. Bumm² and Wertheim³ are inclined to believe that it is not a frequent infecting organism, and Saenger⁴ thinks that it may be a more common cause of puerperal and post-puerperal disease.

Most investigations, however, have been wanting in bacteriological thoroughness, and the organism has not been found. The difficulty of cultivation of the organism has been the greatest hindrance to its isolation. Another frequent source of error is that the cultures have most commonly been made soon after the first exhibition of temperature and while the lochia contained much blood and few pus cells. The gonococcus cannot readily be found in smears under these conditions, but is best discovered when numerous pus cells exist and after the infection has advanced somewhat. It was also found, in a study of 17 cases of gonococcus puerperal infection by Stone and the author⁵ that the gonococcus was usually readily found in smears from the uterine lochia after the discharge has become purulent.

Of these 17 cases, 12 had rises of temperature to about 100° F., and when the cases of mixed infection were eliminated nine of 14 cases, in which the gonococcus was found in the lochia, had such rises of temperature. To consider these nine cases first, the fever was mild in three, moderately severe in four, and in two was severe; in five the onset of fever was distributed over the first week; and in one it was as late as the 13th day. The average

duration of the fever was 4.1 days, varying from three cases, in which the fever lasted one day, to two cases in which it lasted nine days.

The fever was in all cases very irregular and followed no definite curve. In one case, the infection was very severe, but in the majority of cases this was not so, and temperature curves corresponding to the so-called "sapremic" or septic absorption temperature were more frequently found, the temperature suddenly rising and returning to normal in three or four days.

The three cases of mixed infection had widely varied courses. One of gonococcus and colon infection had fever on the sixth day, which lasted six days and reached 102° three times. Two cases of streptococcus and gonococcus infection also varied. One had a mild course and the other a most severe infection, resulting in death.

These cases show that the gonococcus may be a cause of puerperal infection and may cause severe constitutional disturbance. These findings have been corroborated by Mayer⁶ in a study of six cases of such infection and by an investigation of Little⁷ into the bacteriology of the recently pregnant uterus. Little found the gonococcus in the lochia in 16 cases. There were 10 cases with a temperature above 100° F.; six cases were in pure culture, two in mixed culture and two doubtful. There were three cases with a rise above 100.6° F.

From this it may be seen that gonococcus infection in the puerperium must not be disregarded. The first course of the infection is not usually acute; but the late manifestations are more dangerous and severe. The common cause of gonococcus infection in the puerperium does not, as a rule, show marked constitutional symptoms, but the danger of extension of the disease to the Fallopian tubes is a very grave one. In nine of the 17 cases such extension was believed to have taken place, as indicated by pain, abdominal rigidity and signs of a mild pelvic infection. In one case this extension was definitely proved by operation.

The disease may extend still further and cause general peritonitis, as is shown by a case reported by the author⁸ in which a diffuse peritonitis resulted from gonococcus infection in the puerperium. The organism was recovered from the peritoneum at autopsy.

The character of the lochia in gonococcus infection in the early part of the puerperium remains unchanged, but after the fifth day it becomes more and more purulent, until it is replaced by a purulent discharge. This discharge, resultant from the endometritis, usually persists for some weeks. During this time the gonococcus may be readily isolated.

An interesting fact in connection with this infection is the malnutrition and intestinal disturbances to which babies of infected mothers are subject. Of fourteen babies, three died, and the majority of the others lost weight. These facts in regard to the morbidity of the babies have been confirmed by Lobenstine⁹ in fifty cases.

The influence of labor upon a preëxistent gonococcus infection is most marked. The softened tissues and large, raw surface of the puerperal uterus offer a splendid culture ground for the organism. It usually extends by mucous membrane, but may penetrate the softened uterine muscle. Extension to the Fallopian tubes is the common result and late disturbances are the rule.

Two cases of the seventeen came to operation for purulent salpingitis and others have not been traced.

The gravity of this infection exists not so much in its prime infection and immediate constitutional disturbances as in the more remote result of tubal and pelvic disease some time after the puerperium. It is a well known fact that streptococcus infection results in slight anatomic alterations of the pelvic organs after recovery from the infection, but the reverse is true of gonococcus infection where marked alteration of tissue is the rule and spontaneous recovery from pelvic disease from this cause is the exception.

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1. McDonald, *Montreal Med. Journal*, August, 1905.
 2. Bumm, *Veit's Handbuch der Gynäkologie*, Band 1.
 3. Wertheim, *Verhandl. der Deutsch. Gesellsch. f. Gynäkologie*, 1895.
 4. Saenger, *Ibid.*, 1886, 177.
 5. Stone and McDonald, *Surgery, Gynecology and Obst.*, February, 1906.
 6. Mayer, *Mon. f. Geb. u. Gyn.*, 1907.
 7. Little, *Amer. Jour. of Obst.*, December, 1906.
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Light as a Health Maker

By W. J. McGEE

Former President American Anthropological Association

(*New York Tribune Sunday Magazine*, September 22, 1907.)

LIGHT starvation is one of the most serious afflictions of the human race. It is indeed the fruitful cause of a multitude of physical ills. Strange does it seem that the function of light as a maker of health should have been ignored to so great an extent. Its hygienic usefulness seems to be almost unrecognized to-day by the medical faculty. A physician sends his patients to the sea shore, and at the end of a few weeks they come back to town with a gratifying augmentation of health and vigor. The improvement is attributed to the tonic effect of the salt air, and to the incidental change of diet and scene. In a measure this idea is

correct; but the truth is that exposure to light has been the chief means of cure.

Light is nature's most important curative agency. It is often said that there is nothing like plenty of fresh air and exercise to make people well and keep them so; but, while this is true enough, the benefit obtained is due mainly to the incidental exposure to unlimited light. A game of tennis is a light bath; a row on the river is a light bath; a bath in the sea is at the same time a bath of light, which is one reason why it is so healthful.

Young people at the seaside try their best, as they say, to "get a coat of tan," for which purpose they expose themselves as much as possible to the sunshine; and when the tan has been acquired they exhibit it proudly as a sign of health. They do this without knowing the reason why, because tan, which is the result of free exposure to a glare of light, is associated in everybody's mind with physical vigor and "feeling good."

TAN INDICATES VIGOR.

It is true then that the augmentation of bodily vigor comes with the tan, because the latter is obtained only by exposure to baths of unlimited light. People who live in cities become pale and steadily paler of complexion, for lack of light. Incidentally through the operation of the same cause they lose health; the circulation of their blood becomes less vigorous; and the functioning of their vital organs less energetic. Though ignorant of the cause, they recognise the fact, and when summer comes again they say, "We must get away to the sea shore."

Or perhaps it may be to the mountains. At all events, it must be into the open somewhere. The seaside is usually preferred because of a notion that salt air is specially beneficial. So indeed it may be; but the main advantage of the sea shore is that there is unlimited light, with a maximum of temptation to be out in the sunshine all day long. Lying on the beach for hours together, one literally takes in health in every pore. The fewer clothes one is able to wear the better.

Dame Nature, when she brought the human race into existence, does not seem to have contemplated the possibility of civilised conditions. The first human beings dwelt in trees, and wore no clothing whatever. Under such circumstances they enjoyed the benefit of unlimited light. Civilised man, on the other hand, hides from the light in artificial caves constructed of baked mud or of stone, and in addition covers nearly all of his body with clothing that is practically light proof.

The theory here set forth is reducible to a basis of well understood fact. In plants (whose vitality, while not the same, is at least analogous to that of animals) the green coloring matter

called chlorophyl is a chemical substance which enables the vegetable organism to utilise the energy of light. If there is no light, however, there will be no chlorophyl. A potato plant grown in a dark cellar will be not green, but white, with a long stem and no foliage that amounts to anything.

In human beings or other animals the red corpuscles of the blood appear to perform a function analogous to that of chlorophyl in plants,—enabling the body to utilise the energy of light in vital action. But if there is lack of light, these corpuscles become fewer, and the person thus afflicted is informed by the physician that he is suffering from anemia, a complaint of which the principal manifestations are pallor and a general lowering of the tone of the vitality. In the crowded slums of cities, where people are shut up most of the time in poorly lighted rooms, they are usually anemic, and the mortality among children is frightful.

GIVE THEM MORE LIGHT.

All the efforts made to improve the condition of slum dwellers in the congested centers of population are in the direction of giving them more light, though the ostensible objects in view are to provide more fresh air and cleaner quarters. Undoubtedly fresh air and cleanliness are of great importance; but most essential of all is light. When through the aid of “fresh air funds” and other charitable means the children of the slums enjoy the advantage of a vacation in the country, it is the opportunity of unlimited light that does them more good than anything else.

While a coat of tan is regarded as accentuating feminine beauty, because it is the very hue of health, the girl who freckles is usually reluctant to expose herself to sunshine. It is a pity, because the freckles, like tan and for the same reason, are properly to be regarded as a sign of physical vigor. A young woman who is subject to freckles is likely to find that she feels better in proportion to the number of freckles she has. In the winter time of course she has comparatively few, because of relative nonexposure. If she wishes to get rid of them altogether, she can do so by remaining in the dark. But what would be the effect of such a course of procedure upon her health?

Mark Twain has remarked that we are not in truth white people, as we choose to call ourselves, but colored folks; and, he adds, the Negroes are “discolored.” There is verity in the observation, inasmuch as our complexion is in reality of a pinkish yellow hue. This color is due to a pigment that is present in the layer of skin tissue immediately beneath the epidermis, or outer skin. Exposure to sunshine in some individuals causes the pigment to collect in little patches, visible through the transparent epidermis, which are called freckles.

CONQUERING RACES ARE BLOND.

It cannot be said that freckles are beautifying. Yet there may be some consolation in the knowledge that they are almost peculiarly a characteristic of the blond type of human beings, which by some eminent anthropologists is declared to be the higher type, in evidence of which attention is called to the fact that the conquering races of the world have possessed light hair and blue eyes. But, whether this is correct or not, it is safe to fall back upon the statement that freckles and good health are likely to go together.

A recognition of the health giving powers of light is evinced by the recent introduction into medical practice of the electric light bath, in which the patient is exposed to a flood of electricity so powerful that if its rays were concentrated upon any one spot they would burn severely. This method of treatment has been adopted very successfully, it is said, in cases of internal trouble of various kinds, and particularly in the cure of digestive disorders.

Exposure to sunshine seems to have a remarkable efficiency as a tonic for the capillary bloodvessels. Long ago the efficacy of the sun bath, so called, for invalids was recognised, and at the present time resort is had to treatment of this kind on a considerable scale at some sanatoriums. Even the seaside hotels have taken up the idea, and the "sun pavilion" of glass is advertised as an attractive adjunct of many a salt water caravansary. Nor should it be forgotten that light in various forms, such as the Finsen light, is now being used with excellent results for the cure of skin and other diseases. In this connection it ought to be remembered that radiant energy akin to light has various effects, some of which are harmful. The x -rays, for example, will burn severely, and will even destroy hair. Electric light under certain circumstances will make people bald. Accordingly, precautions must be exercised.

The sun is the source not only of all light, but of all the energy of whatever description that is manifested on the earth. Our very bodies may be said to be built out of this sun derived energy, and the work done by our muscles and vital organs all proceeds from the same origin. When for instance we wind a clock, we store in a coiled spring some of the energy of a beefsteak that was built out of materials derived from grass grown by the rays of the sun.

Considering the matter from this point of view, it is reasonable to regard light as the source not only of our being, but of our well being. Who is there who does not feel better, more cheerful, and more energetic on a sunny day than when the sky is covered with clouds? On the other hand, what is so depress-

ing to both body and mind as confinement in darkness or in a gloomy place? Indeed, it is all too obvious to need argument. Light, and plenty of it, is the first essential to our welfare. The more we have of it, the better we are. We need fresh air, good food, a reasonable amount of bodily exercise, and clean surroundings. But above all these things, as a necessity of existence, we must have light,—the prime source of cheerfulness and of health, both moral and physical.

Home-Made Buttermilk

(Monthly Bulletin Indiana State Board of Health, June, 1907.)

It is now within the power of every household to have an abundance of that refreshing and healthful summer (also winter) drink—buttermilk. To the present time no one knew of any source of buttermilk except from the buttermaker; but nowadays the buttermaker does his work so well that the buttermilk is entirely deprived of the delicious little grains of fat which add so much to its food qualities as well as to taste. True buttermilk, made direct from fresh rich milk, within a few hours, of the finest flavor and taste, nutritious and more excellent than the article as originally known, can now be prepared in any kitchen. This is done by taking a quart of fresh, rich milk, adding a pinch of salt and about a half-pint of hot water to raise the temperature to body heat, and lastly adding a tablet which contains a pure culture of lactic acid bacteria. Place all in a pitcher, cover with a napkin, and let stand for twenty to twenty-four hours at the ordinary temperature, and there is your perfect buttermilk. The tablets are made by Parke, Davis & Co., pharmaceutical and chemical manufacturers, Detroit, Mich., and are called “lactone” or buttermilk tablets.

On the farm, in the process of buttermaking the cream is allowed to sour spontaneously and is then churned. The souring is the lactic acid fermentation caused by lactic acid bacteria or ferments. The difference between the new and old process is one of method and not result. In the old, the lactic fermentation is waited for and expected to occur spontaneously, with disappointment sometimes. In the new, the ferment in pure culture is directly planted in the milk, and the desired fermentation is secured without fail. In Bible days, spontaneous fermentation of dough was depended upon to leaven or lighten bread, and failure frequently attended the process, the dough putrefying instead of fermenting, and was then lost. Finally, man learned to add yeast to the dough and not to depend upon spontaneous processes, with the result of always securing the right fermentation and making a better and more nutritious bread. This new buttermilk process is a like improvement.

PROGRESS IN MEDICAL SCIENCE.

Medico-Legal

By E. S. McKEE, M.D., Cincinnati.

CAN'T COLLECT COMMISSIONS ON PRESCRIPTIONS.

SOME of us have been shocked by physicians asking and pharmacists offering commissions on prescriptions. The most surprising thing of all, however, is the fact of physicians advertising their method of petty grafting. Two physicians recently have entered suit for a 25 per cent. rake off from druggists which it seems had been promised them. One of these suits was entered in Racine, Wisconsin, and the other in Benares. They were both disallowed however, both judges claiming that an agreement of this sort was illegal and against public policy.

IS CRIME INFECTIOUS.

CRIME is as infectious as smallpox, says Dr. Fuuk, the eminent New York psychologist, and, he adds, "unless immediate radical steps are taken to put a stop to the epidemic of crime which is raging in New York, the whole country will become infected with the desire for murder and an epoch of bloodshed will follow." The doctor recommends quick trials and justice of the severest type. He attributes the cause and increase of so much crime to the yellow press and the influx of so many immigrants from the European countries noted for their hot headedness. The infectiousness of crime is due to "unwritten law," "brain storms," insanity that gives a license to would be criminals to commit a crime, hoping that they will be acquitted on the ground of their insane condition. The thing we need to subdue crime is quicker and severer punishment.

MEDICAL RESPONSIBILITY.

A PARIS physician had cured a case of appendicitis with the application of ice but a superficial eschar resulted, presumably the result of the ice treatment. The patient though cured entered suit for 50,000 francs damages. The court held that inattention to the rules of prudence, habitual negligence and ignorance should make the physician responsible in every case, but since the slight inconvenience was the result of an approved method of treatment belonging to the province of medical science, and was not the outcome of negligence on the part of the physician it could not hold him responsible. This is a fair rendering of the question. Is a physician responsible for results when they are through no fault of his own? The court rendering this decision was Le Tribunal Correctionnelle de Paris.

EXTRA COMPENSATION FOR MEDICAL EXPERTS.

THIS question has been decided recently in Missouri, in the case of *Burnett vs. Freeman*, Kansas City, Missouri Court of Appeals. Plaintiff, a practising physician in Kansas City, had been called as a witness in two suits by the defendants in which they were plaintiffs on account of alleged personal injuries. The doctor brought suit claiming \$50.00 in each case for his services as an expert witness. The court held that he could not obtain extra compensation for the testimony given as an expert though if required to give services for the party calling him he could require extra compensation. Further, the court held that an agreement to pay an expert extra compensation for his testimony which he was required to give under subpoena was against public policy in Missouri. Here we have for the first time in Missouri, squarely decided, a question of the utmost importance to the medical expert, his legal right to demand from a party calling him to testify as an expert, extra compensation for his services so rendered. Rodgers on expert testimony says that the cases are about evenly balanced for and against the allowance of extra fees for expert testimony. It is claimed by those who argue for the extra compensation for experts that taking their opinions and knowledge for nothing is like taking a man's property from him. There are many instances where a medical man has devoted his whole life for the benefit of his fellows but no one has claimed that he may be compelled to do so. A physician could not claim as an expert in any other calling. If this question is once decided that the medical expert may demand an extra compensation then what is to hinder the mechanic or farmer or plumber or white-washer to do the same thing. The court grants that if the physician must perform extra services for either litigant, as the making of a post mortem, an operation or analysis, he may charge him for these extra services.

DENTISTS "JAWING" DOCTORS.

At the instigation of several dentists a doctor has been arrested in Minneapolis charged with violating the law by pulling the teeth of a patient. The dentists allege that while a doctor is licensed to perform surgical operations it does not include the right to practise dentistry, which they aver is a separate and distinct branch of medicine allotted to them alone. They declare that a doctor who attempts to fill or extract a patient's teeth not only oversteps professional ethics, but is also violating the law and they propose to make a test case of the present one in order to establish their legal rights and to establish a precedent for all time. It looks like the complaining dentists were strain-

ing at a fine point in ethics. No one imagines that the physicians generally are anxious to enter the field allotted to dentists and the fear of competition is therefore rather far fetched. In exceptional cases it might be quite a genuine accommodation to find physicians ready and willing to remove a tooth and in such cases there should be no obstruction to the suffering patient obtaining relief. If the dentists draw the line too fine the physicians may find a way to retaliate by charging the dentists with overstepping their rights in certain procedures for relieving pain and reducing swelling. It is, in other words, a rule which might work both ways. Strange that it is not considered proper for a medical man to draw a tooth but if a part of the jaw is to come away with it, it would be perfectly proper for him to do it. What is the good of all this "jawing" anyhow.

LICENSED PHARMACIST, NECESSARILY PRESENT AT SALE OF MEDICINE.

TINCTURE arnica, tincture iodine and spirits of camphor were compounded by a licensed pharmacist and placed on a counter in bottles sealed and labeled. While the only licensed pharmacist in the establishment was in the laboratory across the street a sale was made by an unlicensed clerk. Action was brought against the pharmacist for selling medicines in his store without the presence of a licensed pharmacist. The lower court gave a verdict for the druggist but the decision was reversed in the supreme court, which thought that one registered pharmacist should be in the store every minute during business hours. The court thought that the health of the community and the public welfare could not be threatened in any more perilous way than by the sale of medicines by inexperienced persons.

SUBSTITUTION IN PRESCRIPTIONS AS A PENAL OFFENSE.

IN France, Germany and Denmark and probably in other European countries the offense of tampering with physicians' prescriptions constitutes a crime visited by severe punishment. In many instances the guilty parties are prosecuted and brought to justice by their fellow pharmacists, or a body to whom this duty is delegated by the pharmaceutical associations. In New York City the criminal law has been invoked to punish tampering with physicians' prescriptions. Most honest pharmacists and physicians are decidedly of the opinion that tampering or wilful substitution in a physician's prescription of any ingredient or ingredients other than those specified, for the purpose of gain and without the knowledge of either the physician or patient, is distinctively a criminal act, that it should be punished as such and

that such states which have not already made such provisions on their statute books should do so at the earliest possible opportunity.

A prescription is an order from a physician to any pharmacist to compound certain drugs named therein, in proportions specified, and to deliver the same when compounded to the bearer. The pharmacist must follow his instructions explicitly. He is without discretion in the matter. He does not see the patient, does not know his needs nor idiosyncracies nor the peculiarities of his surroundings or occupation. The slightest change may upset the calculations of the physician, defeat his skill and put the patient's life in jeopardy. Let no honest druggist beguile himself into the belief that substitution does not exist or if at all present it is in such a small extent as to be of no importance. Every physician and druggist can scarcely be blind to the fact that it is alarmingly present; prevalent investigation is all that is necessary to prove it. The druggist who substitutes robs the manufacturer of the article ordered but not supplied, but that is not the worst, he abuses the confidence of the physician whose skill and reputation depend on the strict compliance with his instructions. He trifles with the health and life of the patient and strikes, gives a stab as insidious as it is deadly, at every honest pharmacist in the land.

Lawyers try to drive out the shysters from their ranks. Physicians are constantly trying to expel the quacks, merchants try to expose dishonest competitors. Honest pharmacists, who are made to suffer not only in their reputations but from unfair advantages suffer not only in their reputations but from unfair advantages in trade, which the substitutor gains by his substitution of cheaper articles, must or should in self-defense alone catch the substitutor wherever they can and brand him so that his infamy may be known to all men.

A prescription is an order from a physician to a druggist to compound certain drugs named therein, in the proportions specified and deliver the same to the bearer. The pharmacist is not unlike the paying teller in a bank. A check is presented at his window for so many dollars and cents in United States of America money. He must deliver that amount, no more, no less. He must not pay it in part counterfit money nor in part English money which is "just as good." If the check is incorrectly drawn he must refuse to pay it till the mistake is corrected.

THE PHARMACIST AND VENEREAL DISEASES.

Although syphilis has long been considered a serious disease, gonorrhea has but recently been considered as serious, especially in its results. Formerly any drug clerk was considered good enough to treat a case of clap or a cold and the two troubles were

by many, and are still by some, considered to be on a par. It is now agreed that instead of a drug clerk prescribing over the counter for a case of clap this disease demands the best treatment from a careful expert. What is true of gonorrhea is certainly true of syphilis. The druggist is committing a crime against his customer who presumes to treat these cases himself either by his own or patent or proprietary remedies. It is his duty to tell the patient the need of proper medical advice. True, many doctors are themselves ill prepared to guide these cases to recovery but that is not the drug clerk's fault. And doctors discuss these cases in a flippant manner and fail to impress their patients with the importance of proper treatment and prolonged care and watchfulness. Every case of venereal disease should come at once under the care of a physician, and not only that, but a competent physician, better a recognised specialist and an honest one. Gonorrhea from being considered as serious as a bad cold has become recognised every where by intelligent physicians as a most serious disease to treat and difficult to cure. There are many authorities who consider it positively incurable. They say it is apparently cured only to break out again in after years and affect the patient's wife and children. We have resulting blindness, deafness, pelvic inflammation, sterility, tuberculosis, inflammations on the brain and spinal cord, and many more sad and distressing sequelæ more or less directly dependent on this insidious disease. Druggists should not put up and push remedies of their own for either gonorrhea or syphilis and should discourage, if not absolutely refuse, to sell proprietary remedies for them. The druggist could do much to educate the people as to the seriousness of venereal diseases, for a large percentage of the cases apply first to the drug clerk. In every possible way and by every possible means the ignorance, which is criminal, should be supplanted by the knowledge which is virtuous

THE WIZARD OF THE WORLD IN WINDSUCHT.

SUCH is the title given Dr. Carl Spengler, of Davos Platz, Switzerland. By long and tedious work he has developed some facts of great interest pertaining to the life, history and nature of tubercle bacilli. He has undoubtedly developed a method of differentiating human from bovine tubercle bacilli. He has demonstrated that human bacilli in tuberculosis have a spore stage and develop the bacilli from these spores or aplitter, as he first named them. He is able to grow heavy cultures of tubercle bacilli, both of the human and bovine type, in from eight to ten days, such as usually require from six weeks to two or three months to develop. From these studies Dr. Spengler has developed a theory which promises to be the best line of treatment yet undertaken.

TOPICS OF PUBLIC INTEREST.

Typhoid from Oysters

Shell Fish in Local Waters Contaminated by Sewage.

(*New York Tribune*, October 8, 1907)

THE danger of typhoid from oysters and clams has been pointed out many times, but a new note of alarm was sounded yesterday by Dr. Daniel Lewis, president of the Metropolitan Sewage Commission, and Dr. Daniel D. Jackson, bacteriologist of the New York water board. They both declared that many of the oysters supplied to the New York market come from neighboring waters that are literally nothing more than a strong solution of sewage.

Although it has been known that New York Bay is badly contaminated, few persons suppose that these waters were used to breed oysters which are sold under names that suggest they come from far away and clean localities. The pollution committee of the Merchants' Association has estimated that nearly 1,000,000,000 gallons of sewage is discharged into the bay every day, and that of the 2,000 tons of sewage thus deposited fully 700 tons remain in suspension. The theory that the outgoing tide carries away this filth has been overturned by investigation, and it is now accepted as a fact that 79 per cent. of the water which goes out with the tide comes back again. And yet, in the face of this, the map prepared by the New York Pollution Committee shows that there is a bed of oysters near the Statue of Liberty, and that here 50,000 bushels of oysters are gathered annually.

In discussing this question yesterday Dr. Lewis said:

There isn't a square foot of the waters of the harbor that isn't polluted by sewage. Newark Bay is in a disgraceful condition, and the waters of the bay on the south shore of Staten Island, where most of the oysters and clams are gathered, is nothing more or less than a whirlpool of sewage.

I would no more think of eating an oyster or clam taken from these waters than I would so much deadly poison. When president of the New York Bay Pollution Commission I made an extensive examination of the subject, the results of which are embodied in the first report of that commission. Of the thousands of oysters and clams analysed there wasn't one that did not show traces of sewage. The matter is a crying outrage, yet nothing has been done by the authorities of New York and New Jersey to stop it.

It has been proved by experts that only a small percentage of the 1,000,000,000 gallons of sewage which daily finds its way into New York Harbor ever gets into the sea. Just as the ebb

tide gets past the Narrows it is met by the flood tide, and the sewage is swirled back into the bay again, and in these filth laden waters more than 600,000,000 oysters and clams are annually harvested, mainly for the New York markets.

One particular outrage that I would like to have the attention of the public called to is the fact that countless thousands of oysters are "fattened" in the Raritan and Elizabeth rivers, which are little short of running sewers. It is in these waters, as I understand it, that immense quantities of oysters of various fancy names are "cultivated" for the fashionable New York hotels and restaurants.

As is generally known, the Shrewsbury River is vilely polluted. No one now hears of the formerly celebrated Shrewsbury oyster. They are simply called Lynnhavens instead. And so on through the chapter. I am glad to see that the New Jersey State Sewerage Commission has just served notice on the city of New Brunswick to show cause why it should not be ordered to cease polluting the Raritan River. The pollution of the Elizabeth River is also before the courts.

The fall of the year always shows a marked increase in the number of typhoid fever cases. For instance, during the week ended August 13, 68 cases were reported with 13 deaths. During the week ended August 24, 53 cases were reported with 17 deaths. The record for the week ended September 21 shows that 181 cases were reported, with a death list of 27. In mid-summer, when very few oysters are eaten, the death-rate from typhoid fever sinks almost to the zero mark.

The waters of the harbor and vicinity have now become so polluted by sewage and factory waste that there is scarcely an edible fish left. Think, then, of its effect upon shell fish. The time is rapidly approaching when New York will have to devise some method of disposing of the sewage other than discharging it into the bay, for if continued for many years longer the health of the whole community will be seriously threatened.

Dr. Jackson, in talking on the same subject, said that he believed fully 5 per cent. of the cases of typhoid in this city were due to the eating of infected shell food. "Virtually none of the enormous quantities of filth thrown into our harbor by the many sewers," he said, "is disposed of outside the harbor. I believe that a stop should be put to the taking of oysters from these waters. It is a constant risk to health and life. Of course, in time some way will be hit upon to purify our waters, or with the increase of population in the Hudson Valley the river and harbor will become a cesspool. As matters stand I would advise everybody to be sure of the source of their sea food. I have examined oysters from Gravesend Bay and the shores of Staten Island and found in them filth that might cause any number of intestinal diseases."

CORRESPONDENCE

Messrs. Fairchild Bros. & Foster, of New York, detect Chicago Druggists in Substituting. They Serve Notice that the Fight against Substitution will be Carried to a Finish.

Editor Buffalo Medical Journal:

Sir: We received a request from the Ways and Means Committee of the National Association of Retail Druggists to subscribe to the fund for the entertainment of the members of the N. A. R. D. at its forthcoming Convention in the City of Chicago. In view of previous experience it occurred to us to take steps to ascertain to what extent that "community of interest" expressly implied and naturally anticipated, did actually prevail. We therefore caused prescriptions, in which Essence of Pepsine, Fairchild's was plainly specified, to be sent to the following mentioned Chicago drug stores: I. M. Light, 143 E. 35th St.; Herman Lieberman, 528 So. Halsted St.; J. S. Link, 649 West 21st St.; C. P. Girten, 7100 Harvard Ave.; H. J. Holthoefer, N. W. Cor. State and 32d Sts.; John J. Boehm, 748 So. Halsted St.; William W. Klore, 2354 State St.; William P. Knoche, N. E. Cor. 61st & Halsted Sts.; Moyon Bros., (Geo. F. W. Moyon), 1595 Milwaukee Ave. Cor. Armitage.

Each vial so dispensed was upon receipt immediately sealed in its original wrapper and delivered to us, with complete data in every detail from the writing to the dispensing and sealing of the prescription. Upon examination the fluid dispensed by each of these druggists was found to be a substitute—some preparation not made by us and not Fairchild's Essence.

These substitutes were unlike in composition; they were of varying degrees of inferiority *and some practically worthless* for the purpose for which Fairchild's Essence of Pepsine is esteemed and employed.

There is one significant fact that should also be mentioned, and that is that the price at which the substitutes were sold is that charged the patient by pharmacists who dispense Fairchild's Essence of Pepsine when it is ordered.

We therefore bring these facts to your attention, again stating our intention to fight against substitution and for a "square deal".

Very truly yours,

FAIRCHILD BROS. & FOSTER.

New York, September 12, 1907.

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

All communications, whether of a literary or business nature, books for review and exchanges, should be addressed to the editor 238 DELAWARE AVE., BUFFALO, N. Y.

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NOVEMBER, 1907.

No. 4

The State Sanitary Conference.

THE seventh annual conference of the Sanitary Officers of the State of New York held at Buffalo, October 16, 17, and 18, 1907, proved a most important meeting in the interests of preventive medicine. The object of these conferences, which are held yearly under the auspices of the State Department of Health, is to establish close relationship between the state and the local health authorities, to secure coöperation in the interests of sanitary science and to bring about a clearer understanding of the duties, powers and objects of the public health officers of the state.

The Buffalo meeting was a most satisfactory one, possibly the largest and most successful of any yet held. Nearly 600 health officers were present,—about one-half of the entire number in the state. The program was comprehensive and interesting. The first session, Wednesday afternoon, October 16, included an introductory address by Dr. Ernest Wende, health commissioner of Buffalo; addresses of welcome by Mayor J. N. Adam and President W. H. Gratwick, of the Buffalo Chamber of Commerce; an opening address by Dr. Eugene H. Porter, state commissioner of health; and finally, an address by Dr. Adna F. Weber, chief statistician of the state department of labor, who spoke in place of Governor Hughes, the duties of the latter detaining him at Albany.

Dr. Porter, speaking with reference to the consumption problem, recommended a thorough system of notification and registration, the establishing of district stations, state camps for consumptives and local hospitals for the chronic cases.

He also made the following reference to the Buffalo cancer research laboratory:

"It might be well, if we advised the citizens of the State not to put too much credence in the newspaper reports as to the curability or incurability of cancer. The laboratory here has been working faithfully and well on the problem of determining a probable cause for the disease. It has not concerned itself with attempting to find a cure. Its work, therefore, may not be popular, but it is scientific, and in the end will accomplish more than would a search first in this direction and then in that, for possible remedial agencies. When we have determined the cause of the malady, there is little doubt that a remedy will be forthcoming comparatively soon thereafter."

We shall print Dr. Porter's address in full in the December issue of the Journal.

Dr. Weber sketched the history of labor laws from their inception in England a century ago, dwelling particularly on the child labor law of New York State and the eight-hour law. Speaking on the former, he said examinations should be conducted with great care before certificates were issued, as on them depends the whole future of the child. He advocated the eight-hour law on the argument of health and expressed the hope that the state factory law, while as good as any in the United States, would be improved up to the point where it would be as valuable as that in force in Great Britain.

The evening's program, scheduled for 8 o'clock, was as follows:

The Dissemination and Control of Tuberculosis as Illustrated in the Bovine Species, Veranus A. Moore, M. D., professor of comparative pathology and bacteriology, New York State Veterinary College, Ithaca, N. Y. The Early Diagnosis and Treatment of Tuberculosis, John H. Pryor, M. D., Trustee New York State Hospital for Incipient Pulmonary Tuberculosis, Buffalo. The Social Aspect of Tuberculosis, Edward Devine, M. D., Secretary Charity Organisation Society, New York city.

Dr. Pryor's masterful paper contained much of general interest on the subject of pulmonary tuberculosis, from which we make the following excerpts:

"True effective prevention of tuberculosis is in its infancy; thus far it has been more or less a delusion. Little or nothing has been done in this state excepting in New York City. There great activity is displayed in a comprehensive campaign against the greatest scourge of humanity, and the results may afford the best test of the preventive measures to be found in the world. Ultimately the problem of tuberculosis will have to be solved by the health officers. They have the power and should assume the responsibility. Only organization, effective plans and continuous, not spasmodic, activity will win.

We know that the disease can be detected early and that about 80 per cent. of those afflicted might recover if rational methods

of relief were employed. The problem is colossal and must be attacked by broad methods. It does not involve a mere bacteriological question, but a sociological reformation. The slogan of battle,—sunlight and fresh air,—will be changed to food, sunlight and fresh air. Eighteen meals of oxygen a minute must be accompanied by three square meals of food. The poor cannot live by air and sunlight, and if the cost of existing, not living, continues to increase, consumption will be given greater opportunity to attack the underfed.

"The consumptive has a right to insist upon his chance. Why doesn't he demand it? Because he does not know, and generally is not told, that he is a consumptive until too late. Why does such an insignificant number receive an opportunity to recover and why is the disease not recognised in time? There is nothing to be gained by quibbling or evading the answer. A large proportion of the medical profession does not, or cannot, or will not, detect the presence of pulmonary tuberculosis during the incipient stage. There can be no other explanation of certain deplorable conditions, and the best remedy lies in honest admission. It has been claimed that many poor patients do not consult a physician at the right time, and this is sometimes quite true, but the comparative number is small. With very few exceptions the unfortunate patients who failed to gain admission to Ray Brook had been under the observation of one or more physicians for months, and most of them had been treated for bronchitis, catarrh and obstinate cold, or something else."

The program for Thursday, October 17, was a large one, and after doing full justice to the several topics the day ended with a banquet at the Ellicott Club, at which nearly 500 guests were seated. State Health Commissioner Porter acted as toastmaster; Dr. Ernest Wende read a poem and Senator Henry W. Hill, of Buffalo, spoke in place of Senator William J. Tully, of Corning, who was unavoidably detained at home.

In introducing Senator Hill, Commissioner Porter paid him the compliment of having done more than any member of the State Senate for public health.

Mr. Hill deplored the fact that New York State last year appropriated but \$100,000 for the health of 8,000,000 people. He stated that Buffalo had one institution of which the state and the nation could well be proud, the laboratory for cancer study. Mr. Hill further stated that he had received letters from the greatest specialists in cancer diseases from every great university and all were unanimous in their expression that Buffalo led the world for scientific investigation of a disease that annually carries away 20,000 people.

Dr. Dewitt G. Wilcox, of Buffalo, made a speech abounding in clever wit and humor and the last speaker, Joseph W. Lawson,

Esq., of Albany, delivered a telling speech, which was notable for its oratorical finish and humorous allusions.

Friday's program included a visit to the stockyards, where the visitors witnessed the methods of inspecting, killing and caring for bees at the Dold Packing House. While the banquet was being held on Thursday evening, Dr. Francis E. Fronczak, deputy health commissioner of Buffalo, spoke at convention hall to members of labor unions on the relation of working men to tuberculosis. At the session Friday evening, the audience listened to a symposium on pure milk and how to secure it. The addresses of special importance on this topic were delivered by Dr. Thomas Darlington, health commissioner of New York, and Dr. Ernest Wende, health commissioner of Buffalo.

During the entire progress of the conference, beginning even a day in advance of it, a tuberculosis exhibit was in continuous session at convention hall. Officers of the charity organisation society and others were in attendance describing the exhibit and explaining its purposes.

The opinion was expressed by those competent to judge that this conference was the most important of any yet held; certainly, it was of a character to reflect great credit upon Dr. Porter, the state commissioner of health, his assistants, and all who contributed in speech, address and in other ways to make the meeting so admirably fulfil its purposes.

THE Albany Sanitary Bureau embracing a group of sanitary experts, has been established for the purpose of making investigations, reports and recommendations relating to public and private water supply—quality, protection, purification; stream pollution, prevention and improvement; sewerage and sewage disposal; ventilation, heating, plumbing, fire protection, and the like, for public buildings; sanitary condition and improvement of dairies and creameries.

All communications should be addressed to the secretary, Olin H. Landreth, Professor of Engineering, Union College, Schenectady, N. Y.

HERE'S a new germ scare: A Copenhagen physician has discovered that the act of weeping, according to *The Tribune*, the releasing of tears that chase down the cheeks, moistens and sets in motion a host of harmful bacilli likely to injure those in the room with the weeping one. Especially does one who essays the role of comforter expose himself to danger from the liberated bacilli. "Is this latest germ scare to make it more difficult than it now is to find sympathisers?" queries a philosopher. "Will every one flee, for reasons of self-preservation, from the woman

who is clearing her own atmosphere by having a good cry? And if there are sound scientific facts at the bottom of this physician's rather sensational announcement there must be bacilli unlimited in the audience room of a theater during one of those moments of which it is afterward said there was not a dry eye in the house."

DR. J. N. McCORMACK, of Bowling Green, Ky., in conversation with Drs. Brayton, Potter and other physicians, as related in the *Indianapolis News*, told a little story of the late General Benjamin Harrison. "During the Civil War," said the doctor, "Colonel Harrison—for he was then colonel—was for a time in command at Bowling Green. Many soldiers were sick, and he appropriated the hotel of the place, the Mitchell House, for use as a hospital. Mr. Mitchell murmured somewhat, but had to give way to military necessity, Colonel Harrison assuring him that he should be paid for the use of the house, even though Harrison should have to pay out of his own pocket. The war ended and the years went on. Mr. Mitchell was well-to-do and presented no claim. Finally, when Harrison became President of the United States, Mr. Mitchell concluded to send his bill directly to the President. He did so, and President Harrison sent him his check for the money."

SIR HENRY ALFRED PITMAN, who has just entered upon his hundredth year, claims the distinction, according to *The Sphere*, of being the oldest physician in the United Kingdom. Sir Henry took his B. A. at Cambridge in 1831 and his M. D. degree sixty-seven years ago, and for the last half century he has been connected with the medical staff of St. George's Hospital, of which institution he is still senior consulting physician. He is old enough to remember the rejoicings after Waterloo. Sir Henry was knighted in 1883.

PERSONAL.

DR. FREDERIC C. CURTIS, of Albany, President of the Medical Society of the State of New York, paid a visit to Buffalo and attended the sessions of the Sanitary Conference held October 16-18, 1907.

DR. CARLTON C. FREDERICK, of Buffalo, was elected president of the Medical Association of Central New York at its fortieth annual meeting held at Rochester, October 15, 1907.

DR. JAMES A. GIBSON, of Buffalo, who has been spending the summer in Europe, accompanied by his wife and daughter, has returned to his home and resumed his professional practice.

DR. C. G. LEO-WOLF, of Niagara Falls, N. Y., has removed his offices to rooms 300, 301 and 302 in the Elderfield-Hartshorn building, 44 Falls Street. Hours: 9 to 10; 2 to 4 and 7.30 to 8.30. Telephones: Bell, 244; Home, 254. His residence is at 105 Jefferson Avenue.

MR. WILLIAM WHITFORD, medical stenographic reporter, of Chicago, was elected president of the National Shorthand Reporters' Association at the ninth annual meeting, held at Biltmore, near Asheville, N. C., August 6-9, 1907. He read a paper at the meeting, embodying twenty years of observation and researches on the rate of public speaking.

DR. WILLIAM GAERTNER, of Buffalo, was an official delegate from the local body to the National German-American Alliance, which held its convention in New York, October 4-7, 1907. About 400 delegates were in attendance. A dinner was given at the Liederkrantz Club, Saturday evening, October 5.

DR. ESTHER POHL has been elected city health officer of Portland, Ore. She will receive a salary of \$3,000 a year. She was the first woman to enter the Oregon Medical College, and since being graduated has taken post-graduate courses in Baltimore and New York. She has also taken a degree in the Vienna University.

DR. EDWARD CLARK, of Buffalo, was elected president of the Medical Society of the County of Erie at its annual meeting held October 14, 1907. Dr. Clark has been active in the work of the society for more than twenty years and during much of the time has been treasurer. His elevation to the presidency should be satisfactory to every member of the society.

DR. JOSEPH W. GROSVENOR, of Buffalo, read a paper entitled, The soldier as a total abstainer from alcoholic beverages, before the American Academy of Medicine, at Atlantic City, June 1, 1907.

DR. JANE W. CARROLL, of Buffalo, read a paper before the medical section of the National Fraternal Congress, which held its annual meeting in this city August 19, 1907. The title of Dr. Carroll's paper was, Are cases of appendectomy in women suitable risks for fraternal insurance?

DR. ROBERT SPANN CATHCART, of Charleston, S. C., announces to the medical profession that after the first of October, nineteen hundred and seven he will confine his practice exclusively to gynecology and general surgery. Consultation by appointment. Telephone, 278. Fifty-five Hasell Street.

DR. CHARLES LYBRAND BONIFIELD, of Cincinnati, was elected president of the Ohio State Medical Association at its recent annual meeting.

OBITUARY.

DR. JOEL WILBUR HYDE, of Brooklyn, died at his residence in that city September 22, 1907, aged 67 years. He was born at Westbrook, Conn., and received his medical degree from Yale University medical school in 1861. He at once entered the medical service of the army serving as surgeon through the civil war. He then began the practice of his profession in Brooklyn, where he soon achieved prominence, becoming chief medical officer of several life insurance companies. Since 1883, he had been chief of obstetrics in St. Mary's Hospital and was also one of the consulting surgeons in the Bushwick Hospital. He was also consulting obstetrician to the Long Island College Hospital.

DR. PETER PICKARD, a graduate of the medical department of the University of Buffalo, 1859, died suddenly at his home in Mount Vernon, Ohio, October 4, 1907, aged 74 years.

THE Physicians' League recently took action on the death of Dr. Electa B. Whipple in adopting the following:

WHEREAS, It has pleased our Heavenly Father in his infinite wisdom to call to eternal rest our friend and co-laborer, Dr. Electa B. Whipple, a woman whose noble Christian character and high standard of professional life were an inspiration to her associates; and

WHEREAS, The Physicians' League, of which organisation she was the first president, feels deeply the loss it has sustained, therefore be it

Resolved, That the League continue its annual contribution to the College Creche as a tribute to her memory, and that a copy of these resolutions be sent to her friends; to the Buffalo Medical Journal; and be spread on the minutes of this society, the Physicians' League.

JANE W. CARROLL,
MARY INNIS DENTON,
M. ELIZABETH SCHUGENS,
Committee.

SOCIETY MEETINGS.

At the Eighth District Branch meeting of the Medical Society of the State of New York, held at Buffalo, September 25th and 26th, 1907, a banquet was given at the Hotel Lenox on the evening of the first day. Among quite an important group of toasts was one responded to by Dr. Maud J. Frye of Buffalo.

Dr. Frye spoke as follows to the sentiment:

WOMAN IN MEDICINE.

In responding to the toast Woman in Medicine, I can but feel as though expected to offer either explanation or apology for the existence of medical women. The line of thought which is suggested is one ordinarily absent from my mind. My problems in medicine are those you seek to solve. In the nature of things I am employed only by those patients who approve of or desire a woman physician and the work seems to me as natural a vocation for a woman as teaching or nursing.

The explanation of the invasion of the commercial, industrial and professional worlds by women within the last few decades, an invasion which so worries our strenuous President and whose anxiety is ponderously echoed from Princeton, lies, I think, in the fact that civilisation, education, science and invention have robbed women of their ancient occupations. There is a deeper reason than Mr. Roosevelt discerns behind race suicide. Not only do the times no longer demand the patriarchal families of pioneer days, but the domestic industries are also practically abolished. To spin and weave, to bake and brew in one's own household would in these days be extravagance instead of thrift. Whether the former days were better than these or not, they are gone, not to return.

"The old order changeth, yielding place to new."

By and by when women find themselves we shall see more good than evil coming from this evolutionary process. Obligated to look outside the home for occupation, women have tried their powers and are still trying to learn what they are equal to, what the world by granting them success, will approve of their doing. To my mind they will always best succeed in those callings which are allied to the race—long duties of child-rearing, teaching, nursing and home-making. I think in medicine we may say that judgment has been awarded.

In a recent address before the London School of Medicine for Women, Professor Osler gave it as his opinion that the profession of medicine, in spite of its difficulties and trials, is a satisfactory one for women; and according to the same high authority

the several departments of medicine in which women will be most successful are the scientific branches of bacteriology, histology and pathology, institutional work, the mission field, school inspection, and, most important of all, general practice. In this women are specially fitted for dealing with the diseases of women and children. Concerning women in general practice he wisely remarks—that only those are fitted for it who among all the worries, anxieties and troubles can come up smiling every time.

Many people fail to appreciate the value of a medical education as a preparation for life. She who studies medicine, whether or not she becomes a successful physician, can hardly fail to be a kinder, saner and braver woman. I do not know that I can point to any great thing in medicine that women have done. I think that woman's genius lies rather in doing small things well. I do not now recall the names of more than one or two who have signally distinguished themselves. It is my privilege to know intimately many good women who are good physicians. One may speak more freely however, of the dead than of the living, and I wish to call to your memory tonight she who has lately gone from among us, Electa B. Whipple, a woman who came nearer to the ideal medical woman than any other it has been my fortune to know. Her intellectual and professional attainments were such as to command the respect of her confreres. Her life was lived on so high a plane that everything low and narrow and unworthy was shamed in her presence, yet her sanity and keen sense of humor made her one of the most delightful of comrades, as her serene nature and unfailing kindness made her the truest of friends.

So long as such women are found in the profession of medicine and so long as we other women hold them as examples for ourselves there will be no need for explanation or apology for our character or our work.

THE Eighth District Branch of the Medical Society of the State of New York at its recent annual meeting held in Buffalo elected the following named officers for the ensuing year: president, A. D. Lake, Gowanda; first vice-president, E. E. Snow, Batavia; second vice president, J. W. Grosvenor, Buffalo; secretary, Lee Masten Francis, Buffalo; treasurer, Charles A. Wall, Buffalo.

THE Medical Society of the County of Erie at its recent annual meeting held at Buffalo, October 14, 1907, elected officers for the ensuing year as follows: president, Edward Clark; vice presidents, C. A. Wall and Grover Wende; secretary, Franklin C. Gram; treasurer, A. T. Lytle; board of censors, Henry R. Hopkins, DeLancey Rochester, W. D. Greene, Francis E. Fronczak,

J. H. Grant; chairman of the committee on legislation, A. A. Hubbell; chairman of the committee on public health, Grover Wende; president of the committee on membership, T. H. McKee; delegates to the medical society of the State of New York, Drs. Brown, Heard, Thornton and O'Gorman; delegates to the eighth district branch, Drs. Greene, Rice, Wall, Fronczak and Durham.

THE Buffalo Academy of Medicine held meetings during the month of October as follows:

Section on Surgery.—Tuesday evening, October 1. Program:

(a) Report of case of cerebral tumor simulating gumma and exhibits of blood specimens of various types of malaria found in the Philippines, Captain L. T. Hess, M. D., Fort Porter; (b) Traumatic paralysis of the third nerve, with report of case, Lee Masten Francis; (c) Intestinal obstruction, with report of cases, J. B. Young.

Section on Pathology.—A Stated Meeting was held Tuesday evening, October 15. Program (a) The viability of the typhoid bacillus under normal conditions, H. D. Pease, Albany, N. Y.; (b) Multiple epitheliomatosis; report of case, A. E. Woehnert.

Section on Obstetrics and Gynecology.—Tuesday evening, October 22. Program: (a) Lithopedion,—with report of cases, Herman E. Hayd; (b) Our friend the enemy, T. H. McKee.

THE Medical Society of the County of Wyoming at its annual meeting held at Warsaw, October 24, 1907, elected the following named officers for the ensuing year: president, Mary Greene, of Castile, vice president, J. L. Wright of Perry; secretary and treasurer, L. H. Humphrey of Silver Springs.

AT the annual meeting of the Medical Society of the County of Genesee, held at Batavia, October 2, 1907, the following named officers were elected for the ensuing year: president, H. E. Ganiard, of Stafford; vice president, Frank A. Miller, of Batavia; secretary and treasurer, George W. Cottis of Batavia; delegates to the eighth district meeting, Scott W. Skinner, of Le Roy and Ward B. Whitcombe, of Batavia; delegate to the medical society of the State of New York, E. E. Snow of Batavia.

Dr. Joseph Palmer, medical inspector of the public schools of Syracuse, read a paper upon Medical inspection of school children.

THE Medical Society of the County of Ontario at its annual meeting held at Canandaigua, October 8, 1907, elected officers for the

ensuing year as follows: president, C. P. Merritt, of Clifton Springs; vice president, E. B. Sayre, of Allen's Hill; secretary and treasurer, D. A. Eiseline, of Shortsville; censors, S. B. Mead, F. E. McClellan, and J. H. Pratt; delegate to State Medical Society, A. L. Beahan; alternate, J. H. Jewett; delegate to district branch, George Means; alternate, W. B. Clapper. The fiftieth year of membership of Dr. L. F. Wilbur, Honeoye, was appropriately observed at the banquet which followed the business meeting.

THE Medical Society of the County of Steuben, held its semi-annual meeting at Corning, October 8, 1907. The following named officers were elected for the ensuing year: president, Charles O. Green, of Hornell; vice president, H. B. Smith, of Corning; secretary and treasurer, W. W. Smith, of Avoca.

THE New York and New England Association of Railway Surgeons will hold its seventeenth annual meeting at the Academy of Medicine, New York, November 14-15, 1907, under the presidency of Dr. T. H. Dana, of Cortland, N. Y. A program on subjects of unusual interest and practical value to the busy surgeon has been arranged.

Dr. Robert Dawbarn will deliver the Address on Surgery, on November 14, and on the following day will give a clinic demonstrating his method of sequestration.

THE International Congress of Tuberculosis will hold its next meeting at Washington, D. C., September 21, to October 12, 1908, under the presidency of Frank Billings, of Chicago. The secretary-general is John S. Fulton, Washington. The preliminary announcement is an elaborate one covering scientific work for the entire three weeks of the session. It is altogether the most complete announcement of its kind that has yet been issued so far in advance of a scientific medical meeting.

The committee on the congress has enlisted the interest of the federal government. Seven of the governmental departments have signified their intention to participate in the congress, and have petitioned the congress of the United States for the necessary authority and means. These are the departments of state, of the treasury, of war, of the navy, of the interior, of agriculture, and of commerce and labor.

THE Medical Society of the State of New York will hold its one hundred and second annual meeting at Albany, Tuesday and Wednesday, January 28 and 29, 1908, under the presidency of Frederic C. Curtis, of Albany. Wisner R. Townsend, of New

York, is the secretary. Members desirous of reading papers are requested to send titles to the chairman of the scientific committee, Dr. Leo H. Neuman, 194 State Street, Albany.

COLLEGE AND HOSPITAL NOTES.

THE merger between the Louisville Medical College and the Hospital College of Medicine, according to the Journal of the American Medical Association, has finally been completed and the college will henceforth be known as the Louisville and Hospital Medical College. It will be the medical department of Central University. The officers of the new college are as follows: Dr. L. S. McMurtry, president; Dr. C. W. Kelly, dean; Drs. H. B. Ritter and H. H. Grant, regents; Dr. Irving Abell, secretary of the faculty. This merger is most commendable and shows that the physicians composing the faculties of the two schools recognised the needs of modern medicine and were willing to make sacrifices in the interest of higher medical education.

THE New York Post-Graduate Hospital was endangered by fire on Friday, October 11, 1907, which caught in the storeroom, located in the basement of the great building. It arose from the defective insulation of electric wires. The patients were brought down from the upper floors, although the members of the house staff had put out the fire with hand extinguishers before the firemen reached the scene.

THE Governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley will give a ninth series of Clinical Lectures on Diseases of the Skin, in the out-patient hall of the hospital on Wednesday afternoons from November 6 to December 18, 1907, at 4.15 o'clock. The course will be free to the medical profession.

BOOKS AND AUTHORS.

The Principles and Practice of Modern Surgery. By Roswell Park, M.D., Professor of Surgery in the University of Buffalo, Buffalo, N. Y. In one imperial octavo volume of 1072 pages, with 722 engravings and 60 full-page plates in colors and monochrome. Lea Brothers & Co., Philadelphia and New York, 1907. (Cloth, \$7.00, leather, \$8.00, net prices.)

Here is a work which, by virtue of its intrinsic worth, takes rank as one of the better single volumes on surgery in print. Aside from its value as a scientific work, and in this respect it is the peer of many of the more pretentious works on the same sub-

ject, it has the added charm of the literary style of the author which strips from the more commonplace topics that dusty monotony which has become habit with most writers, and drapes them with a narrative elegance and interest which makes them all readable and most of them absolutely pleasing. It is this style, added to the high surgical attainments of the author and his ability to present the sum total of his vast experience in the clinic, which makes the work in its entirety a noteworthy book.

Before examining the book proper it will be well to carefully read the preface and introduction, wherein is given an insight into the author's methods. The preface says: "There is still room for many a serious effort to place the subject (surgery) before students and practitioners, in a way to instruct from the beginning through to the operative and post operative treatment. This has been the object of the present volume upon which the author has brought to bear the experience of many years as a teacher and surgeon, and into which he has also endeavored to infuse the most advanced knowledge gleaned from the surgical literature of America and Europe. To the extent of the author's ability the work, therefore, presents the net surgery of today, obsolete and obsolescent material having been excluded, and the pages being devoted to sound principles and practice, stated as clearly and succinctly as possible."

The introduction gleams with epigrams. "During the past 30 years surgery, thanks to eminent workers in the surgical laboratories of the world, has made progress scarcely equaled by the science of electricity, and the impossibilities of yesterday have become the routine of today." "The surgeon and the physician have drifted too far apart. It is time they met again in the presence of the pathologist."

Here, too, is indicated the character of the book, in the statement that preference is given to those operations which have best served the author in his personal experience; so there is no need to anticipate that this book is like some of the other efforts in surgical bookmaking, a literary rag-bag of might-bes and ought-to-bes, trimmed with vague and untried theory. Throughout the book there is a sustained effort, and let us pray that it may bear fruit as it deserves, to simplify and rearrange some of the more flagrant nuisances of surgical nomenclature. For instance, Dr. Park calls attention to the abuse of the term "lymph glands" which he very properly replaces with "lymph nodes." It is, of course, wholly impossible to review such a masterly work in its entirety in a journal not altogether devoted to surgery; but those portions which make it what it is, by all odds the better surgery of today, deserve explicit mention.

The present volume is in no sense a new edition of the surgery issued some years ago under the editorship of Dr. Park. It is an individual work, wholly the author's and represents his personal views. Neither is it an encyclopedic volume; hence those who may feel inclined to criticism because it is not a catch-all

will feel the tender tooth of disappointment. In the earliest pages one is struck by the clearness with which the author distinguishes clinically between hyperemia and inflammation, the first instance so far as is known by the reviewer, wherein a textbook makes inflammation wholly and absolutely the result of infection. Pathologists may produce artificial inflammation by other means than bacteria; but, clinically viewed, inflammation is the result of bacterial invasion and nothing else.

An entire chapter is devoted to the *steticus lymphaticus* and this is the first definite textbook presentation of the subject which is considered in all its phases, and is given as the cause of many of the instances of sudden death after anesthesia, and during convalescence from various diseases. The condition is described in detail, its danger signals are pointed out and the way cleared for the avoidance of such distressing accidents as have happened in the past during comparatively insignificant operative procedures. The diagnosis is made clear and the treatment is outlined in so simple a manner that he would be negligent, to say the least, who closed his eyes to the condition.

There is a distinct advance in the chapters devoted to shock and collapse which, by the way, are entitled, *Disturbances of Blood Pressure*. Here are given the newer views of shock and collapse following out Crile's investigations of two years ago, and there has evidently been much serious work done in carrying forward his investigations. At a single sweep of bold statement, backed by liberal experience, the use of alcohol, digitalis and the rest of the hurry-up remedies of other days, is done away with and there is substituted the use of external heat, adrenalin and salt solution. In serious cases, where possible, the use of the Crile pneumatic suit is advocated. There is sounded a note of warning in connection with the modern treatment of shock and collapse concerning the indiscriminate intravenous use of salt solution. The question is one of greatest importance and if everyone who reads the book did no more than follow the teachings as laid down in these chapters, there would be performed a great service to humanity. Its conservative, sensible presentation of simple fact is convincing and cannot be too highly commended.

Possibly, when he reaches part five, some supersensitive critic may take exception to the caption "*Cysts and tumors*" on the ground that a cyst is a tumor, hence the designation is superfluous. Let him read these definitions: "A tumor is a new formation not of inflammatory origin characterised by more or less histological conformity to the tissue in which it has originated and having no physiological function." "A cyst is a tumor containing one or more cavities filled with fluid or semifluid contents." Beyond question this section contains the best classification of tumors and the best article on cysts and tumors which has yet appeared in any work on surgery. The author's views as regards the distinction between sarcomatous and carcinomatous growths are direct and convincing, and will entirely replace the views of Bland-

Sutton which heretofore have been considered classic. Dr. Park makes large use of the term "infectious granulomata" denoting new growths of a distinctive class of neoplasm of inflammatory origin.

The parasitic theory of carcinoma is upheld and, while Dr. Park does not by any means claim the parasite has been discovered or that such discovery is about to be made, he feels assured that the agent is probably protozoan in character. Of more than unusual interest are these statements which he makes in conclusion: that cancer is at first purely a local condition; that it is not transmitted by inheritance; and that every cancer is curable if recognised early and totally removed. As the result of years of research on the part of the author in this particular field, these statements cannot be passed over lightly; they must be accepted at their full worth as the opinions of a man qualified to speak with authority.

In the chapter devoted to "Deformities due to congenital defects or acquired disease of the locomotor apparatus," Dr. Park introduces an innovation into surgical teaching. Usually one finds the very important and too frequently slighted subject of orthopedics pushed aside or relegated to a few slipshod paragraphs at the end of a book. In this work the matter is given a prominent place and under the title given above is most ably discussed and exceptionally well illustrated. There is really more genuine information of an assimilable character in this chapter than one finds in most of the books devoted to the subject as a specialty, for it lacks the stilted, academic description and the monotony of devious detail.

It is safe to say in considering the chapters on fractures that nowhere else is the subject given such careful consideration in connection with fractures of the upper extremity, for which the author recommends the plaster of paris splint in every case to the absolute rejection of the ready made splints of various materials. He shows how the appliance can be made and describes its advantages over all other kinds by merely using, with intelligence, plaster of paris and surgeon's lint. The result is a splint which is of use for any fracture of the upper extremity of whatever character; a splint which is quickly made to order for each individual case and is valueless for any other. It makes a better and more satisfactory dressing than any yet devised for such injuries, and is a distinct surgical advance.

Park's operation for hernia is described in detail for the first time. The main feature of improvement over existing operations is that the author uses the twisted and divided sac as suture material for closing the ring. The various steps of the operation are freely illustrated and there is little doubt that it will become popular. Theoretically it might in some quarters be considered of secondary importance, this use of the sac; but the manifest advantages of making use of the patient's own tissue as suture material, viable, strong and unquestionably clean, will not be over-

looked by the unbiased reader, whether he be practitioner or student. Rather startling is the author's acceptance of the Russell theory as to the etiology of hernia which, in brief, is that every hernia, no matter what its location, is of congenital origin, even if the tumor does not appear until late in life. Both Coley and Bull have recently shown a marked leaning toward the acceptance of this theory, but Dr. Park is the first American surgeon to accept it and give it standing in a textbook. If, as he says, a hernia means the presence of a sac and that a sac can appear only as the result of a congenital deficiency, then there is little left for argument as to the congenital origin of hernia.

In most surgery textbooks there has always been a noticeable deficiency in the handling of what is popularly known as "rail-road spine." Growing more important every day owing to legal questions constantly arising, the injury, or belief, or however one may personally desire to classify it, deserves all the space which Dr. Park gives it and the importance which he attaches to it. The question is discussed logically in all its phases, and with none of the hysteric tendency which crops out in legal treatises.

To the term "ileus" which has been bandied about learnedly by writers for sometime past and variously defined as being this, that, and the other condition of abdominal origin, sometimes as a specifically located trouble at others as an illy defined pain of vague origin, Dr. Park has one definition and that is acute intestinal obstruction or strangulation. He very properly deplors the unsettled condition of the term and throughout his book uses it interchangeably with the condition described and no other. It is the best and most common sense view to take of the condition and its adoption will do much to eliminate from surgical writings the careless uses to which it has been put in the descriptive field of abdominal disorders.

Not the least important portion of the book is that devoted to the preparation of patients for operation and their after treatment. This is especially valuable for students and without too much of a strain on the pride of many a practitioner it may be absorbed and become of inestimable value. There is none of that heavy lidded descriptive writing here; it is all plain, frank, simple, and usable information. Really, this is something of an innovation in textbooks, for the majority of them dismiss the subject of preparation and after treatment in a few pleasing paragraphs. The ante-and post-operative treatment of a surgical patient are quite as important as the main surgical procedure, and it is not likely that the wormeaten joke about the operation being successful but the patient dying, would have such a vogue among cute and clever lay people, had more attention been paid to getting the patient ready for operation and giving him scientific care after he left the table. An entire chapter is devoted to each division of this subject in Dr. Park's book, and questions of vital importance to the patient are considered in detail. The suggestions and the advice given cover almost every possible contingency. Nothing

seems to be too insignificant for discussion even to the dissipation of the excessive postoperative thirst which is frequently so distressing to a patient.

Those sections of the book which are devoted to genitourinary and venereal diseases are especially worthy of commendation, and it is rather more than merely gratifying to find a general surgeon pointing out with such minute care the diagnosis of renal colic, instead of simply passing it over as a condition which ought to be recognised without much trouble. The diagnostic points mentioned are conservative and well defined. The mention of Kelly's suggestion to instil a sterile solution into the kidney pelvis for the purpose of diagnosis in suspected renal pain of obscure origin, will meet with approval in Baltimore beyond question, but it is hardly a satisfying procedure and belongs among the freaks.

In dealing with prostatectomy the author covers the entire question in limited space most completely and leaves nothing to be desired. What will strike one as especially graceful is the footnote regarding the credit for the suprapubic operation, which has so long and so erroneously been known as Freyer's operation. The note in question gives the credit to Fuller of New York. This matter was editorially threshed out in *The Journal* a year or two ago after a most painstaking investigation of an independent character, and the operation was placed to the credit of Fuller of New York, although Ramon Guiteras modified it somewhat at a later day, but before Freyer did his first operation which was a replica of the Fuller-Guiteras procedure.

The publishers deserve great credit for the manner in which the book has been placed before the profession. The binding is of superior workmanship, the spring back making it possible to open the pages at any place and have the book remain flat-paged. The illustrations, in the main, have been selected with apparent care and the technical workmanship cannot be criticised. Many of the plates are reproductions of cases from the Buffalo clinic. An intensely interesting series of plates are those supplied by Major Charles Lynch of the Army medical department, showing gunshot wounds received during the Japanese-Russian war and radiographs of shell and bullet wounds. Some of the most excellent illustrative work in the entire volume is the series of skiagrams made by Dr. Plummer, of Buffalo, showing among others some of the cases of foreign bodies in the esophagus and trachea from Dr. Park's clinic.

Being essentially a surgery the book does not go into any of the special departments such as gynecology, nose, throat, eye and ear diseases. Only those surgical affections which have to do with the external portions are considered, and this elimination of these specialties adds to the dignity of the book.

It would be surprising to search a book of the magnitude of this surgery and not find an error of some form, yet in all the pages there were found only two, and they are beyond question of typographic origin. One is where the "internal" operation in

appendicitis is spoken of, where "interval" is clearly meant; the other is in the chapter on vesical calculi wherein it is stated that calculi escape from the bladder when they are small enough to pass through the "ureter," instead of "urethra".

If one will but go back to what the author says in his introduction he will not wonder at the absence of many things which have been occupying considerable space in the medical journals during the last year or two. The book is in no sense intended as an encyclopedic guide to surgical literature, operations or procedures. It is an individual work representing the best there is in modern surgery and presenting only those things which time and experience have proven to be of value. Hence, there will be found lacking from its pages any serious mention of Crile's transfusion, Murphy's nerve surgery or of the opsonic theory, the latter being dismissed with a mere note. So many of these, like many other procedures, are as yet in the experimental stage, and have not sufficiently crystallised to make them either safe or valuable for presentation to the profession in a textbook on modern surgery. Park's *Modern Surgery*, in a word, is a model, modern book.

* W.-M.

Progressive Medicine, Vol. III, September, 1907. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by **Hobart Amory Hare, M.D.**, Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 290 pages, with 15 engravings. Per annum, in four cloth-bound volumes, \$9.00; in paper binding, \$6.00, carriage paid to any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

This volume contains much material of special interest to the everyday practitioner. The first article, by William Ewart, London, deals with diseases of the thorax and its viscera, including the heart, lungs, and bloodvessels. It contains some of the latest views on tuberculosis, including the study of dust infection, x-ray diagnosis, the opsonic index, the diazo reaction,—another of these illusive methods,—serum agglutination, lung gymnastics, square chest in soldiers, high diaphragm, paralysis of the diaphragm and numerous other topics, giving the recent work in them all.

The section on dermatology and syphilis, by William S. Gottheil, New York, in which the limits of the x-ray sphere in general and in dermatology in particular, are pointed out. There are many other points of interest in this article.

Obstetrics is a topic of great importance to every general practitioner, and here, in the article prepared by Edward P. Davis, Philadelphia, will be found many things which may not generally be known but with which it is important to be conversant.

Diseases of the nervous system is the last section of the book, arranged by William G. Spiller, Philadelphia, and contains much of value to the neurologist as well as to the family doctor. Brain tumor is a great topic and in this place some of the symptomatology of this condition is pointed out.

The entire volume, though containing but few illustrations, possesses great merit and unfolds many new or newer points of importance that every physician cannot fail to be interested in.

The Standard Family Physician, by Dr. Carl Reissig, of Hamburg, Germany, and Dr. Smith Ely Jelliffe, of New York; 2 volumes; large 8vo; illustrated. New York and London: Funk & Wagnalls Company. 1907. (Buckram binding, \$15.00 per set, three-quarters morocco, \$20.00, net prices.)

This is the first American attempt to prepare a medical book for family use, by physicians of conceded professional standing. The work is encyclopedic in character, composed of two editorial staffs, American and foreign, each headed by a well and favorably known physician,—Dr. Smith Ely Jelliffe for this country and Dr. Carl Reissig for the European profession. It deals with every disease which it is important for the family to be informed about, and the anatomy of the human body, is sufficiently explained, with the aid of a manikin, to give intelligent direction to the clinical aspects of the text.

One of the purposes, and we hope effects, of the book is to check the sale of patent medicines to the family,—to materially diminish the harm done by these alleged cure-alls that really cure nobody, but which, on the other hand, in many instances create the drug and liquor habits. The sections on hygiene and sanitation cannot fail to produce results of most beneficial character and the entire work is prepared in a manner that must prove helpful to the family doctor, in carrying out his directions regarding the prevention as well as the treatment of disease.

The illustrations are numerous and well adapted to the understanding of the unprofessional reader. The type is large and the heavy side heads make the page attractive; in short, it is difficult to see how a better work, in material or mechanical construction, could have been prepared for the object which it is intended to meet. It seems to occupy its appointed place with a singular fitness of purpose.

Surgery: Its Principles and Practice. In five volumes. By 66 eminent surgeons. Edited by W. W. Keen, M.D., LL.D., Hon. F.R.C.S., Eng. and Edin., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Phila. Volume II. Octavo of 920 pages, with 572 text-illustrations and 9 colored plates. Philadelphia and London: W. B. Saunders Company. 1907. (Cloth, \$7.00; half morocco, \$8.00 net prices.)

The second volume of this epoch-making work contains thirteen chapters dealing with diseases of the bones, fractures, surgery of the joints, dislocations, surgery of the muscles, tendons and bursæ, orthopedic surgery, surgery of the lymphatic system, surgery of the skin, pathology of the chief surgical disorders of the nervous system, surgery of the nerves, traumatic neurasthenia, hysteria and insanity, surgery among the insane, and surgery of the spine. The contributors of these several chapters respectively

are Edward Hall Nichols, Daniel N. Eisendrath, Robert W. Lovett and E. H. Nichols, Daniel N. Eisendrath, John Fairbairn Binnie, Robert W. Lovett, Frederick Henry Gerrish, John A. Fordyce, William G. Spiller, George Woolsey, F. X. Dercum, John Chalmers Da Costa, and George Woolsey.

The sections or chapters, the one on fractures and the other on dislocations, by Eisendrath, deserve special comment for their completeness and scientific value. Dercum's chapter on traumatic neurasthenia, traumatic hysteria and traumatic insanity deals with the newer questions of neurosis in surgery, and possesses great scientific interest. The orthopedic section, too, is full of excellent text as well as illustrations.

This second volume is constructed on similar lines as the first, and complements it most generously and satisfactorily. The publishers deserve mention for the splendid manner in which they are producing the work.

Chemical Pathology. Being a Discussion of General Pathology from the Standpoint of the Chemical Processes Involved. By **H. Gideon Wells**, Ph.D., M.D., Assistant Professor of Pathology in the University of Chicago and in Rush Medical College, Chicago. Octavo, 549 pages. Philadelphia and London: W. B. Saunders Company, 1907. (Cloth, \$3.25 net.)

This is a book of 550 pages, of good type, well printed, and written in style free from the pedantic language that mars the pages of so many medical and chemical works of the present day. It is a clear scholarly arrangement of the facts and theories of modern pathology viewed from the chemical standpoint. No authentic or useful study has been omitted and the bibliography contains practically every necessary reference. Excessive bibliography frequently sacrifices much space that in topics so valuable and interesting should be devoted to the work in hand. This has been avoided by the painstaking author, while, at the same time his references are sufficient.

The book is a practical summary of modern knowledge of the subjects treated and it is so full of new and useful information that it is read with interest from cover to cover. It is a practical condensation of the various studies in this new field of medical research. It will be of great value to the student as it contains what he requires to know, in concise, clear language; to the practitioner it offers a guide to the sources of knowledge of these subjects and information of the latest of the various chemical processes that have so much to do with modern medical practice.

It is with rare skill that the many scattered fragments of knowledge have been brought together and correlated, so as to present in a field practically unexplored, a book that will prove a valuable textbook as well as a useful reference work for the library shelf.

L. H. S.

American Practice of Surgery. A complete System of the Science and Art of Surgery by representative surgeons of the United States and Canada. Edited by **Joseph D. Bryant, M.D.**, and **Albert H. Buck, M.D.**, New York. Complete in eight volumes. Vol III. Imperial octavo, pp. 775, illustrated. New York: William Wood & Company. 1907. (Price, cloth, \$7.00).

Volume three of this colossal work is divided into three parts which are numbered consecutively with the other volumes. Mason (United States Army) deals with poisoned wounds, including the bites and stings of animals and insects; Rambaud (New York City) treats of rabies; Eve (Nashville) deals extensively with fractures; Thomas (Philadelphia) presents the subject of pseudoarthrosis; Peters (Toronto, lately deceased) discusses inflammatory affections of bone; Park (Buffalo) writes on non-inflammatory affections of bones; Horsley (Richmond) treats of syphilitic disease of the bones; Simmons (Boston) handles the subject of tumors originating in bone; Painter (Boston) discourses upon chronic non-tuberculous and non-traumatic inflammations of joints; Primrose (Toronto) offers remarks on the subject of tuberculous disease of the bones and joints; Oliver (Cincinnati) discourses upon wounds of joints, and an elaborate index closes the volume. The book is replete with the best thought on these topics, is excellently illustrated, and covers surgical ground not heretofore occupied. In its entirety this doubtless is the most complete treatise on surgery yet issued or contemplated—provided only that the volumes to be put forth equal those which have been sent out, and of this we feel no question. It is a work that all surgeons will feel proud to possess and which general practitioners will not consult in vain.

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. Edited by **W. T. Longcope, M.D.** Volume III, seventeenth series. Philadelphia and London: 1907. J. B. Lippincott Co. (Cloth \$2.00).

The third volume of the series of 1907, under head of treatment contains—some practical and theoretical considerations concerning diabetes by David L. Edsall; on the treatment of pneumonia and the action of metallic ferments, by Albert Robin; Mechanotherapy, by John W. Wainwright; curability of tuberculosis. The articles under the head of medicine are: blood pressure in tuberculosis, by W. B. Stanton; two cases of primary carcinoma, by William Henry Porter; acute gastritis, by David Somerville; salient factors in the estimation of renal disease, by Raymond Wallace; general abdominal enlargement with reference to hepatic cirrhosis; by Mark A. Brown.

Under the head of surgery the contributions are—inoculability of tumors and the endemic occurrence of cancer, by Leo Loeb;

surgery of the bloodvessels, by J. E. Sweet; inflammation of the gallbladder and gall ducts, by George Tully Vaughn; perforating ulcer of the foot, its etiology and treatment, by Arthur J. Hall; some surgical aspects of tuberculosis, by John B. Roberts.

In gynecology two articles appear, one—collargol in puerperal infection, by E. Brownaire; and another—atopomenorrhea, by F. K. Green and T. W. Hunter. The articles on genitourinary diseases are—conservative perineal prostatectomy for chronic prostatitis, by Hugh H. Young; etiology and experimental study of syphilis, by Frederick P. Gay; spermatic insufficiency and diastematic insufficiency. The articles on ophthalmology are—a contribution to the study of ocular birth injury, by Ernest Thompson and Leslie Buchanan; extraction of cataract in the capsule, by J. Rutter Williamson; how to turn back the upper lid, by Raymond Beal.

In neurology there is an article on some cases of polyneuritis, by F. Barkes Weber. In dermatology there is an article on present treatment of hypertrichosis, by L. Brocq. In pathology, an article by Charles F. Craig, on the relation of intracorpuseular conjugation in the malarial plasmodia to latent and recurrent affections, closes the book. The illustrations are numerous and excellent and the entire volume is replete with instructive material.

BOOKS RECEIVED.

The Diagnosis and Treatment of Diseases of Women, by Harry Sturgeon Crossen, M.D., Clinical Professor of Gynecology in Washington University; Gynecologist to Washington University and Chief of the Gynecological Clinic. Octavo, pp. 813. With 700 illustrations. Saint Louis: C. V. Mosby Medical Book and Publishing Company. 1907.

Proceedings of the American Medico-Psychological Association at the sixty-second annual meeting held at Boston, June 12-15, 1906. Charles W. Pilgrim, M.D., Secretary.

A Textbook of the Practice of Medicine, for Students and Practitioners, by James Magoffin French, A.M., M.D. Third revised edition: Octavo, 1276 pages, illustrated by numerous engravings in the text and by twenty-five full-page plates by chromo-lithography, photogravure, chromotype, etc. New York: Wm. Wood & Co., (Muslin, \$5.50; leather \$6.50 net prices).

The Pancreas. Its Surgery and Pathology. By A. W. Mayo Robson, D. Sc. (Leeds) F.R.C.S. (Eng.), London, and P. J. Cammidge, M.B. (Lond.) D.P.H. (Camb.) Octavo, pp. 546. Illustrated. Philadelphia and London: W. B. Saunders Co. (Price, \$5.00.)

LITERARY NOTE.

The Hospital, a high class weekly medical journal published in London, which was established twenty-one years ago, entered upon a new series with the issue dated April 6, 1907. It is now

published as the "Modern" medical journal. The price of each number is 6 cents, and contains about 32 pages of literary matter.

In the makeup of the *Hospital* care is taken to include every modern development and all new discoveries, together with the methods of treatment and practice in this country, in the great European schools of medicine, and in the United States. The object is to make each section of the paper both compact and complete; and the whole is written with the desire to interest, help, and keep up to date practitioners engaged in the active service of their profession. We are glad to place *The Hospital* on our exchange list.

A LECTURE was given October 5, 1907, at the Library Building of the Medical Society of Kings County, in Brooklyn, by Dr. Thomas Darlington, President of the New York City Health Department, under the joint auspices of the Kings County Medical Society and the Brooklyn Institute. The attendance was so gratifying that Dr. Glentworth R. Butler, the president of the Medical Society, said, in introducing Dr. Darlington, that ample encouragement was afforded for the repetition of similar lectures on topics pertaining to the public health in the future. The subject of the evening was "Typhoid Fever and Other Infectious Diseases; How They are Spread."

ITEMS.

MESSRS. Battle & Company, of Saint Louis, have recently issued pamphlet No. 3, of the series of dislocations. The upward dislocation of the sternal end of the clavicle is contained in this number.

THE State Civil Service Commission will hold examinations November 16, 1907, for, among others, the following positions: Dentist, State Institutions; Health Officer, Village of Port Chester, \$600; Librarian for the Blind, State Library, \$720; Physician, State Hospitals, \$900 and maintenance; Trained Nurse, State Institutions, \$420 to \$600, and maintenance; Typewriter Copyist, State and County Offices.

The last day for filing applications for these positions is November 9. Full information with application forms for any of these examinations may be obtained upon postal card request from the Chief Examiner of the Commission, Charles S. Fowler, Albany.

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No. 5

ORIGINAL COMMUNICATIONS.

Sanitary Work in the State of New York.¹

By EUGENE H. PORTER, M. D., Albany,
State Commissioner of Health.

WE are gathered this afternoon to inaugurate the seventh annual conference of the Health Officers of the State of New York. This is a day of salutations. We are met here to greet a new sanitary year, to welcome those who have come to join our ranks and to exchange words of encouragement with one another. It is well that from time to time the principles that govern this conference, the traditions that affect it, the aspirations that move it, should court the fullest inquiry. For the conference is to a great measure representative of the department. That which moves the one, moves the other. If there is development and advancement here, there is, you may be sure, progress and fruitfulness there. But if our teaching has hardened into dogmatism, our precepts into formulas, and our system into routine, then is our custom a yoke, not of freedom but of bondage. We have fallen somewhat below our standards. For in our day we are restless, drawn by a discontent not always divine, dragged down by laxity, selfishness and the tremendous materialism of the age. And besides all this there remains the monumental words of the first and greatest physician of western civilisation "Life is short, and art long, occasion fleeting, experiment fallacious and judgment difficult."

But while the road is difficult and advance not easily won, knowledge is greater, conviction clearer, purpose more resolute and accomplishment nearer.

And so if our meeting here shall be a fresh incentive to continued labor, if it shall bear a particular and special message to each listening ear, and if in addition to that comradeship, so enjoyable, and that living sense of power through unity of organisation, so essential, it shall bring to each of us a more complete

1. Address delivered at the seventh annual conference of the Sanitary Officers of the State of New York, held at Buffalo, October 16, 17, 18, 1907.

realisation of the problems that confront us, a wider and keener mental vision, an inspiration leading to better public service, the purposes of this conference will have been fully attained.

This is the largest gathering of health officers ever held in this state or for that matter in any other state in the Union and that it is so is due to the untiring devotion to public duty and the constant enthusiastic interest in sanitary affairs always manifested by the health officers of the Empire State.

In greeting you this afternoon I find some difficulty in adequately expressing how much your presence here is appreciated and how fortunate we esteem ourselves that we have the opportunity to meet so many of our co-workers in sanitary matters.

The conference extends its heartiest greetings to our good friends the citizens of Buffalo. This splendid audience is an index of the public spirit and intelligence of the people of this municipality and in sanitary, as well as in other things, Buffalo is certainly a city of the first class.

SOME SPECIAL DEPARTMENT WORK.

It has seemed to me that the best use of my brief period of time would be to tell you some of the things we have done since the last conference, and then discuss briefly a few important matters that closely concern next year's work. So much has been done, compared with anything we were able to undertake before, that I can hardly do more than mention some of the many lines of endeavor entered upon.

1. *The investigation of summer resorts* has been continued and a large number of hotels have been personally inspected. The reports secured by the blank forms sent out last year to the owners of summer hotels and boarding-houses have been thoroughly studied and tabulated, and where the conditions are unsatisfactory, and possible or probable danger threatens visitors, measures have been taken to correct the evils. The number of summer resorts in this state is enormous, and to properly supervise their sanitary condition requires more money than is now available. I hope next year, however, to approximately complete this work and so prevent many cases of "Summer resort typhoid."

2. *Sanitary investigations of various cities.*—It is not enough to tabulate death returns. These melancholy statistics taken in bulk do indeed serve to remind us of "that bourne from which no traveler ever returns," but afford very little other information of practical value.

But when intelligently studied they are employed for purposes of comparison, and the results attained, interpreted by the sani-

tary methods of today, they may serve as beacon lights pointing out existing danger and demanding its avoidance.

So the dead shall speak to us and these voices from the grave may not be lightly disregarded. And when it was found that in one of the cities of this state the average annual death-rate from typhoid for ten years was 138, in another 87, in another 82, in still another that the mortality from tuberculosis was three times what it should be, and in still another city the conditions indicated by the tables pointed unmistakably to an epidemic outbreak of disease, it needed no labored argument to convince me that one of the urgent duties right before the department was the correction, if possible, of these conditions.

And so we have begun this summer a sanitary investigation of the conditions existing in various towns and municipalities in this state. In this study were included the water supply and all possible existing sources of contamination; the method of disposal of sewage; the method of garbage disposal, if any; the chief occupations of the people; the number and kind of manufacturing or other industrial establishments; the number and character of tenement-houses, together with many other matters bearing relation to the general investigation. Some of these investigations are completed, others are still under way.

When these reports are finally passed upon the department believes that it will be able to give to each of these municipalities specific and substantial aid in correcting the very serious existing dangers to health and life. It will not only point out the evil that exists but it hopes to be able to suggest the adequate remedy, and it will use all the influence and moral force at its command to effect a change for the better.

But the department does not undertake to do the required work. The town must work out its own sanitary salvation. The department investigates, studies conditions, suggests, gives expert advice, points out the way. The rest of it belongs unmistakably to people dwelling where the conditions exist. And this it would seem is one of the most important functions of your department of health: to give to any town or municipality needing it expert advice and aid in the avoidance of sanitary perils and their speedy correction if in existence. It will be readily seen that such work as this required much time and considerable expenditure of money. But we went as far as we could.

3. *The pollution of our streams and lakes* is one of the most important and difficult questions before us. It is obvious that a problem so serious, affecting so many and varied interests, must be dealt with in a broad and comprehensive fashion. As a basis

for such treatment positive information is needed. It became, therefore, imperatively necessary to thoroughly study all the principal watersheds of this state. This work included the present pollution of streams, their suitability as sources of water supply, the wastes from factories and creameries, the refuse from pulp mills and many other important facts. Sanitary maps have been prepared of many of these watersheds on a scale to show plainly each stream of appreciable size, with the location of each source of water supply, and all important sources of pollution. The Oswego, Upper Hudson, Lower Hudson, Susquehanna, Genesee and Niagara watersheds are now practically completed.

4. *Examination of all public water supplies.*—It has always seemed plain to me that one of the most legitimate functions of the State Department of Health was a continuous and efficient supervision of public water supplies. The work done by Massachusetts in this line has been most excellent and far ahead of anything we have ever been able to do. But the increased appropriation in the supply bill rendered it possible to begin this important work and every public water supply in the state has been examined and reported on. These examinations will be repeated at regular and necessary intervals, and where the supply is contaminated the cause will be removed as promptly as possible. Hand in hand with this work goes the

5. *Investigation of all sewage disposal plants.*—The value of a sewage disposal plant depends upon its efficiency. The quality of the effluent tells the story. So every disposal plant has been examined and every effluent has been analysed. The results of these examinations will be used where indicated to better conditions.

6. *Examination of the eyes and ears of school children.*—Last year you will remember it was stated that the department had in mind the institution of an examination of the eyes, ears, noses and throats of school children. This, of course, was to be done with the coöperation of the Education Department.

I am very glad to announce to you that the plan proposed last year by Dr. Schenck, with some slight modifications, goes into operation this fall in 450 high schools of this state. As Dr. Schenck will tell you a little later just how all this is to be done, I will not go into details.

7. *Examinations of new series of meats.*—The report of the laboratory on the first series of samples of meat products excited much attention and had a most excellent effect. A second series of samples of meats has been collected and examined and the full report will be published in a short time.

8. *Analysis of beers, etc.*—A large number of analyses have also been made of beers, wines and whiskies which will shortly appear in the bulletin. No appropriation was made for these examinations, but it seemed necessary to make them and the expense has been paid from the general fund.

9. *Tuberculosis exhibition.*—Another line of special work undertaken this summer is the tuberculosis exhibition, the first ever owned by the state, and the hygienic laboratory exhibit which is but the nucleus it is hoped of a much larger collection. The work of preparing these exhibits has been most onerous, the more so because of limited means, but the enthusiasm of Dr. Pease and his faithful assistants never flagged. It is our purpose to further perfect these exhibits, particularly the tuberculosis exhibit, and use it as a traveling exhibit for educational purposes. It is one of the things most sorely needed by the department. Already we have received many requests from cities and towns to have it sent to them.

10. *Traveling libraries and bacteriological outfit.*—You will notice also in the exhibition here a collection of books and some apparatus for tuberculosis work. These are traveling outfits—the one a small collection of specially selected books on sanitation for the use of health officers, and the other a practical and always ready outfit for bacteriological work to be done on the spot where investigation and action are needed without delay. Although these things may not seem large, yet they are of no little importance because they will add materially to the efficiency of our work.

11. *Special circulars.*—The very general interest now manifested by the more intelligent citizens of our country on sanitary matters is due not so much to the general advancement of scientific knowledge, by the arduous labors of students and laboratory workers, as it has been to the dissemination of this increased knowledge. If these discoveries of truth never passed beyond the closed doors of our laboratories, or could only be found between the covers of technical pamphlets, their influence and power for good would be as nothing. They would be mummified truths—embalmed but not available. Education then must continue to be the watchword. Education in sanitation spells progress in sanitation, and no positive and decisive advance may be made until our fellow citizens are educated to the point where they are generally convinced that the advance must be made.

So we have determined to begin the publication of a series of circulars and pamphlets on topics vitally concerning the public health for popular distribution. Work on the first series has already begun, and the topics and dates of publication will be

duly announced in the bulletin. It will be a very modest beginning, but we hope these little pamphlets will prove an important factor in our campaign of education.

What may be termed the first one of the series is the very complete and instructive prize essay by Dr. Knopf on the Treatment of Tuberculosis. This may be found at the registration office, and a copy will be given to each health officer attending the conference.

* * * * *

These then, my friends, are some of the things we have tried to do since our Syracuse meeting a year ago. Of course, in addition to these lines of work, the routine work of the department, which has quadrupled during the last two years, has been going steadily on.

APPROPRIATIONS.

Efficiency and appropriations—the union of affinities, the one a compliment of the other—married by general consent—let no legislature put them asunder.

For it ought to be true, even if it is not altogether so as yet, that no appropriation of public moneys should be made without a definite expectation of efficient and honest public service in return. To the question: What is the expense of a certain line of work? must be added the significant inquiry "What service has been rendered for that expense?" But there can be no service without means: there can be only inadequate service with insufficient funds: there can be efficiency in its fullest sense when the appropriation is enough to meet actual needs.

The last legislature increased the appropriation for our department by almost \$42,000. The Governor allowed every increase asked for by the department and stated that he did so in order to increase the efficiency. This increase of income has enabled the department, for the first time, to begin lines of work that could not be undertaken before because of the expense.

But the appropriation does not as yet, by any means, meet the requirements. The total amount of money available for the department, exclusive of the cancer laboratory, is still less than \$100,000. We are still severely crippled in the amount allowed for "Investigations," for the "Division of Engineering," and for the "Division of Laboratory Work." I have no hesitation in stating that the efficiency of the department is materially lessened and its administration hampered by lack of funds. Pennsylvania for the two years beginning June 1, 1907, has appropriated for its Department of Health—after the payment of the annual salary of the Commissioner, \$10,000, and the salaries

of numerous other officers, the sum of \$1,459,312—\$400,000 of which is for "the dissemination of knowledge relating to the prevention and cure of tuberculosis." I may add that the appropriation made by Massachusetts also exceeds that of New York. All we want is enough to do thoroughly and well the work that lies before us.

PURE FOOD LAW.

The attitude of the department regarding a pure food law was made so clear at the Syracuse conference that it seems unnecessary to dwell upon the subject now. It perhaps is sufficient to say that the department believes the state should have, without delay, a wise and practical pure food law, and that the enforcement of it should be placed in the hands of the health department.

THE CANCER LABORATORY.

It is perhaps appropriate in the city of Buffalo, which contains an offshoot of the Laboratory Division of the State Department of Health, the Cancer Laboratory, for a few words to be said on the subject of this most serious and intractable disease. It might be well if we advised the citizens of the state not to put too much credence in the newspaper reports as to the curability or incurability of cancer.

The laboratory here has been working faithfully and well on the problem of determining a probable cause for the disease. It has not concerned itself with attempting to find a cure. Its work, therefore, may not be popular, but it is scientific, and in the end will accomplish more than would a search first in this direction and then in that for possible remedial agents. When we have determined the cause of the malady there is little doubt that a remedy will be forthcoming comparatively soon after. It is true that deaths from cancer are increasing, and the situation is a serious one, and the state has a right to impress its seriousness upon the laboratory here, and urge that the money it appropriates shall show results.

In addition to exploiting various cancer cures, some newspapers have done considerable harm by publishing alarming articles on the contagiousness of cancer. Unfortunately the origin of those is to be found among some irresponsible members of the medical profession, who, not realising the serious nature of their claims, and their far-reaching effects upon the general public, have drawn hasty conclusions from insufficient data, and have published in the medical press their immature opinions, more than suggesting the contagiousness of the disease. Such an announcement is eagerly seized upon by the sensational press,

and the public, already educated by the physicians and sanitarians to accept specific germs as the cause of cancer, and to recognise the infectious character of germ diseases, have proved fertile soil for the spread of the idea that cancer is contagious. We need to let the public know that there is no sufficient evidence as yet that this is the case.

PUBLIC HEALTH DIPLOMA

In the spring of this year I received from the secretary of the Medical Society of the State of New York, a copy of a resolution passed by the society at its last annual meeting. The import of this resolution was that it was the opinion of the society that only those physicians should be appointed as health officers who could show evidence of special training in public health work. I want to say that the department is in hearty sympathy with the spirit of this resolution, and is very glad to recognise the interest manifested by the medical profession in this state in matters of public health. There are, however, practical difficulties which must be taken into consideration.

I take it that those who framed the resolution, and were responsible for its passage by the society, had it in mind to secure in this state the adoption of the method in vogue in Great Britain and other European countries, in appointing medical officers of health. Let us consider for a moment the requirements as they exist in Great Britain.

A candidate for appointment as a medical officer of health must be possessed of special qualifications, known briefly as the D.P.H., which stands for a diploma in public health. The examination for this diploma consists of two parts. Before the candidate can be admitted to part one of the examination, he must be 23 years of age, and have been a qualified practitioner of medicine 12 months, and after his graduation he must have had six months practical instruction in hygienic chemistry, bacteriology, and the pathology of the diseases of animals transmissible to man. This part of the examination covers the following subjects: (1) Physics in their application to health, and with reference to ventilation and heating; water supply and sewerage. (2) Chemistry in its relation to air, water, food, soil, and sewage. (3) Microscopical examination of air, water, food, articles of clothing, and parasites. (4) Bacteriology in relation to sanitary work.

Before admission to the second part of the examination, the candidate must show that after his graduation he has spent six months in acquiring practical instruction in the duties, routine and special, of public health administration under a medical officer of health in a community of not less than 30,000, and also has had

three months' experience in a hospital for infectious diseases. The subjects embraced in part two of the examination are as follows: (1) Origin, pathology and prevention of diseases, with special relation to infectious diseases. (2) Effects of unwholesome air, water and food. (3) Diseases of animals in relation to the health of man. (4) Influence of occupation---unhealthy trades. (5) Influence of climate. (6) Sanitary administration in relation to requirements of houses and other buildings; sanitary engineering. (7) Construction, arrangement and management of hospitals. (8) Statistics in relation to health. (9) Sanitary laws, including by-laws, orders and regulations. (10) Duties of sanitary officers.

That every health officer should be possessed with the knowledge indicated in the above outline is a consummation devoutly to be wished. But under the present circumstances it cannot be expected. In the first place, an investigation conducted by the department, has revealed the fact that there is not an institution in this state offering a course of post-graduate instruction covering these subjects. The prospectuses of the various medical schools show that hygiene and sanitary science are taught to students in their first or second years. The scope of the instruction is not as full as is necessary for the mental equipment of the health officer, if we are to put British standards in force; and, moreover, we all know from practical experience that the subjects taught in the first two years of a medical student's career are considered by him as very largely theoretical, and therefore of not sufficient practical importance for him to make really a part of his medical knowledge. If he retain sufficient to answer satisfactorily the few questions set by the State Board of Examiners he considers he is doing well.

Again, if opportunity were afforded for post-graduate instruction of the character I have outlined, it is a very serious question whether the recompense received by the majority of health officers would warrant them in going to the expense of obtaining a special training. I want to say, then, to the medical profession in this state, that these two practical obstacles must be removed before the department can adopt for its own the rule suggested by the state medical society.

As to the first obstacle, the department intends to do what it can to provide some opportunity for instruction in sanitary science and public health. During the past year sanitary institutes have been held by the department in various parts of the state, which have afforded opportunity for the acquirement of increased knowledge on the part of the health officers. But we recognise that we have only scratched the surface. The Division of Pub-

licity and Education, however, is seriously considering the problem, and I hope to be able a year from now to make an announcement at our next annual conference of plans for some special courses of instruction for health officers, and those desiring to become such. If the department accomplishes this, the medical profession must do its part, and I believe this part can best be the removal of the other obstacle to which I have referred. The organised medical profession in this country has recently shown its power in the matter of fixing the recompense for services rendered, by forcing some of the largest life insurance companies in this country to restore the fee which was granted for examinations prior to the recent enforced retrenchment in insurance circles. I want to suggest that this same power of the organised medical profession can well and rightly be employed in securing adequate recompense for the health officers throughout the state. With very few exceptions these public servants are miserably underpaid. They are the means of saving millions of dollars every year, and a fair premium on this saving would furnish adequate compensation for these faithful public servants. I would like to see the medical society of this state initiate a movement of reform in this matter, and I hope to learn by our next meeting that the subject has been well discussed in many medical circles.

My answer, therefore, to the Medical Society of the State of New York, addressing me on the subject of requiring evidence of special qualifications from candidates for appointment as health officers, is, that the department is willing and anxious to comply with the suggestion as soon as it is feasible to do so.

TYPHOID AND POLLUTION

A fact most gratifying to record is that, during the past two years, marked and increasing progress has been made in lessening the pollution of our rivers, streams and lakes. That public sentiment is more and more actively supporting the position of the department in this important duty is unquestionably due to the general dissemination of knowledge concerning the dangers of unrestrained pollution. It is a striking illustration of the fact that you must first educate and then advance. In some cases you educate by advancing. But in this matter, so far-reaching were its consequences, so many important interests, both public and private, were vitally interested, so many difficulties and peculiar embarrassments were in the way, that it was essential that the people should see as clearly as possible the imperative and urgent necessity for this sanitary reform before much progress could be made. That there is now throughout the state a general sentiment that our waters must be purified there can be but little doubt;

when occasion arises it must be crystalised, specially informed, and wisely directed.

It is needless now and here to again enter upon an elaborate discussion of the dangers of polluted and infected waters. If we estimate that 20,000 cases of typhoid occur in New York state in one year with 2,000 deaths, the money loss to the state is easily figured. Allowing each life to be worth \$3,000, a low estimate, as the young and vigorous are most often victims, and estimating that 15,000 of the 20,000 cases were men and were kept from labor 40 days, and putting the value of a day's work at \$1.50, the total pecuniary loss to the state amounts to \$7,000,000. We know without telling what misery and suffering were caused by these thousands of cases, what grief and distraction occurred when death entered hundreds of homes; and to this must be added the very serious business loss of a community when the disease occurs in any way approaching epidemic form. Let us remember also the danger of infection by tuberculosis,—a danger more serious and grave, I fear, than it is at present supposed to be.

Then, too, when the stream is not infected, the conditions of pollution existing cause a disfigurement of its natural features often peculiarly repulsive. The banks are covered with deposits offensive to both sight and smell; dirty and slimy scum floats on the surface of the stream and accumulates in eddies and coves; the bed of the river is covered with a viscid material that rises promptly when disturbed and yields to the grieved nostril a pungent odor peculiar to itself. Fishing is impossible for there are no fish,—boating as a pleasure is destroyed, the banks of the river no longer yield enjoyment. The comfort and enjoyment of the people living along such a stream are impaired and sometimes totally destroyed.

We are all agreed that such conditions should not continue to obtain. The policy of the department remains as announced at Albany two years ago; that the continued pollution of our waters must cease. It does not expect this pollution will cease in a day, nor in a year, but it does expect that within a comparatively short period it will be entirely stopped. When a given case of water pollution presents itself for consideration two questions arise which must be definitely answered before advance can be made. The first question is what is the best and wisest thing to do in order to correct the existing conditions? and the second question is, How is it to be done? The first question the department will always try to intelligently and comprehensively answer. To know what to do is perhaps the most important part in purifying our waters and the department feels it is a clear duty to furnish that information if possible.

The answer to the second question will, it is hoped, correct a great amount of misapprehension as to the powers and duties of the state health department under the existing law. It is evidently not the present intention of the state to remove from localities or the individual citizens inhabiting such localities, certain duties and responsibilities relating to health matters. Their powers begin in most instances where those of the commissioner of health end, and under the term of the present health laws the reply to the second question must be—it must be done by the town or individual affected. In other words, in the majority of cases when the department is appealed to for relief from water pollution or abatement of nuisances, the department may point out through its experts, the proper way to correct these evils; but the town or individual must do the rest. If the town above, on the stream, is polluting the water seriously, the town below must take the active and legal steps in the majority of cases to have the nuisance abated. The department may investigate, declare the existing conditions an intolerable nuisance and report its conclusions, including the remedy for the evil, to both towns. But in the majority of cases that is as far as it can now go.

The responsibility rests where it ought to rest in many cases, on the shoulders of the local authorities, who are much too willing very often to shirk their plain duty. It is as much the duty of health boards to enforce the health laws of this state as it is that of the commissioner of health, and the local authorities of the towns of this state should shoulder their responsibilities and not attempt to place them elsewhere. The department has no arbitrary powers of the matter of stream pollution. It cannot in the majority of cases, directly order a town to take its sewage out of a stream or direct it preëemptorily to construct a sewage disposal plant. It can, of course, through the Attorney-General, appeal to the courts, but so can the towns and individuals in the majority of cases, and it is the intention of the law as it stands that they shall do so. I am not discussing the value or effectiveness of the present health laws. I am simply trying to make clear their practical working. In a number of cases the department has no doubt been deemed very indifferent and ineffectual when it has done all the law permitted and stopped only because the limitations of the law compelled it to.

TUBERCULOSIS.

That tuberculosis was both communicable and preventable was as well known to sanitarians twenty years ago as it is today. And it may be taken as a most striking illustration of the

slowness with which knowledge filters down from the laboratory and the school to the profession and the public, that not until comparatively recently has such a realisation of conditions obtained as to cause an imperative demand for the enforcement of preventive measures. It may be safely said now, I think, that it is an universally accepted fact that some kind of supervision is necessary, opinions only differing as to the extent of the supervision and the manner of its enforcement.

You will undoubtedly agree that there are at present some thousands of our fellow-citizens throughout the state in the early stages of tuberculosis who might, under favorable conditions, be kept among the living. I am not speaking now of advanced cases, who must inevitably be soon numbered with the dead, nor of those incipient cases receiving competent care, but of those who are entitled to treatment which they do not receive. Shall the state that houses, treats and cares for both the acute and chronic insane refuse to consider the needs of those afflicted with tuberculosis? Are the blind, the crippled and the epileptic to be given state aid and the consumptive refused it? And it must not be forgotten the indigent consumptive in any stage of the disease, unlike the wards of the state just mentioned, is a very constant menace and danger to those with whom he is living. If we admit then, that the state should take some action, the instant question arising is, What action?

It is indeed a most grave and difficult question and a complete and thoroughly satisfactory answer is perhaps impossible to give at present, nor would I attempt at this conference to suggest even a tentative policy for our state were it not for the overshadowing importance of the subject and a clear conviction that some kind of action should be taken as quickly as possible.

You will remember Pennsylvania has an appropriation of \$400,000 for the dissemination of information regarding tuberculosis, its prevention and cure. Our department has in the last supply bill an allowance of one thousand dollars for the creation of a traveling tuberculosis exhibit. There will be practically no money left when that exhibit is fully completed. But if we go ahead with the courage of our convictions and demonstrate the efficiency of our plans, the money to carry on the work will come. In this campaign then, against tuberculosis, the following steps might be taken.

1. *Notification and Registration.*—Without notification it is apparent that any real progress is rendered impossible. You cannot give aid to any consumptive until you know where he is, nor can it be known what help he requires until the case is properly reported and the conditions are described. Every

physician in the state should promptly notify his health officer of any case of tuberculosis occurring in his practice, using for that purpose the cards and blanks already provided by the department. The health officer in turn reports all cases to the department. There is no publicity and all such returns are strictly confidential communications. This step was begun on January 1 of this year, and while the registration of cases has been fairly good, the step is as yet only half taken. To have it entirely satisfactory we must have the active and cordial support of the profession at large and more systematic work from some of our health officers.

2. *The establishment of district station.*—The medical officers of the department have been for some little time so selected that it is now possible to divide the state into districts, each one having within its boundaries at least one medical officer.

At some central point in this district a station may be established in charge of the medical officer and should contain a supply of diphtheria and tetanus antitoxin, a bacteriological outfit, report cards and blanks, and a full supply of all the circulars and pamphlets issued by the department on tuberculosis. The station would also contain outfits for the collection of sputum in order to facilitate an early and definite diagnosis. The station and its contents would be an educational center. The circulars would be for both physicians and the laity and their distribution would be made by the medical officer and the health officers in the district. The circulars would be sent to the press and would undoubtedly be published. Addresses by health officers before medical societies and popular audiences, organisations of sanitary societies, the sanitary institutes of the department and the use in larger towns of our tuberculosis exhibit, would all prove powerful and effectual factors in the fight against the Great White Plague.

In this campaign of education the department will endeavor, acting with the health officers, health boards and public-spirited citizens, to organise anti-tuberculosis societies whose local influence and aid would be invaluable. For it must be steadily borne in mind that the greatest single factor in the winning of this battle is the constant and persistent dissemination of practical knowledge of the disease, its dangers and how to successfully combat it.

You have doubtless noted that the proposed stations serve not only as centers from which tuberculosis may be fought, but also as points where the antitoxin of the state laboratory may be obtained and, in some cases at least, bacteriological examinations made. The necessity for the promptest possible distribution of

antitoxin is obvious and needs no comment. It may be said, however, that the high cost of commercial antitoxin seriously interferes with the sanitary control of diphtheria among the better classes. Diphtheria, which now stands fifth among diseases as a cause of mortality with 3,167 deaths yearly, will continue to maintain this position until sanitary authorities and the profession at large are as free to use it without restrictions as they now are to use ipecac or nux vomica.

In its bacteriological work the state laboratory labors under these two disadvantages: namely, physical inability to make speedy reports and lack of contact with the physician and health officer.

To obviate as far as possible the first difficulty, I have recently issued a notice to the effect that the reports upon the primary cultures from suspected cases of diphtheria and upon the Widal tests for typhoid fever be made by telegraph at the department's expense. This will effect a saving in some instances of twenty-four hours in placing these reports in your hands, and will relieve health officers from the burden of paying for such services out of their own pockets as has heretofore been too often the case. It is not unlikely that a further saving in time can be obtained in the future by the improvement in the details of the transportation of specimens, such as, for example, a provision for the incubation of cultures while en route.

To obviate the second difficulty, to a slight extent at least, I have had prepared a traveling bacteriological laboratory which will be sent with a trained laboratory diagnostician to those communities in which problems especially difficult of solution arise in connection with these diseases. Already the state laboratory has conducted one such field investigation in an extended and uncontrollable outbreak of mild diphtheria with, I believe, excellent results. But these provisions do not entirely overcome the difficulties or make the state routine bacteriological work the ideal method for the diagnosis of suspected diseases in the rural districts.

The local laboratory will always have its superior opportunities for the purely routine work. A movement has been started in this state by one of our most progressive health officers and his colleagues, and has resulted in the foundation of the Ontario County Laboratory at Canandaigua. The legislature passed a bill permitting the county authorities to pay the salary of a county bacteriologist. The building and equipment for the work was generously donated by a public-spirited woman, and the small fees obtained for the examinations of a private character which are made, pay at present for the incidental running expenses.

A plan of coöperation between this county laboratory and the state hygienic laboratory has been arranged by the directors of both institutions. Assistance is given by the state laboratory in connection with those technical procedures where operation in bulk tends toward economy. On the other hand, the county laboratory reports all the positive results of the examination of cultures, sputum and Widal tests to the State Laboratory. It would seem most desirable that this plan be introduced in other sections of the state.

Whenever such a laboratory is established, the state department will be prepared to make it a station of the department as outlined above, supplying a certain amount of apparatus, and aiding its efficient operation in every possible manner. I am of the opinion, however, in the development of this new work that provision should be made not only for a permissive coöperation between the county and the state laboratories, but that the county laboratory should be introduced into the public health service on somewhat the same legal basis as now applies to the relation between the local and the state health departments.

To this end I believe a bill should be introduced into the legislature during the coming session, permitting the establishment of hygienic laboratories by counties or groups of counties, and for a proper relation to the state hygienic laboratory and the state department of health. It will be seen at once what added strength the establishment of laboratory stations would bring in the fight against tuberculosis.

3. *State camps for consumptives.*—And now what care should the state give to the thousands of cases of incipient tuberculosis needing help?

If any care is to be exercised it is plain that it must be as simple and inexpensive as possible; otherwise the cost of caring for those people would be prohibitive. But we must always remember that we pay for them anyway. Whether we provide proper care or send them to almshouses and charity hospitals and thence to Potter's field, the expense is always ours. Remember, also, that every case removed to a suitable environment ceases to be a source of infection to his family, to his neighbors and the people in the streets.

I would advocate, therefore, the establishment of state camps for consumptives on state land. Plain board cabins should be erected, fashioned after sanitary plans. A little simple furniture should be provided. The inmates should be required to furnish, when able, all other furniture necessary. Such camps should have a resident physician and patients admitted only after proper and competent examination.

The results attained by such camps in other states and indeed in our own, have been most surprisingly gratifying and the percentage of cases can not be exceeded. I do not forget the very admirable Raybrook Hospital and the fine results reached there; but the state can not, it seems to me, commend itself to the policy of erecting such expensive buildings and demanding large allowances for maintenance. The number of consumptives seems to be too great to carry out such a plan, admirable though it may be. I believe that state camps instituted somewhat as outlined would produce the maximum of results at the minimum of expense.

4. *Local hospitals.*—There still remain for our consideration the chronic, the hopeless cases of tuberculosis. What shall be done with them? Should the state go as far as I have suggested, it would very probably deem it well to stop there, at least for the present.

Nor ought the state to do all of this work. The cities and towns of this state have responsibilities and duties which they too must recognise. It must be their part to care for the chronic cases of tuberculosis. Just how this should be done is a matter for determination by the local authorities. There is no time here to enter upon a discussion of methods.

Some such policy as the one I have tried to explain to you should be at once adopted by New York. I have only been able to present the bare outlines and many important matters have not even been alluded to. All that has been planned could not, of course, be done at once even if funds were available. But even with the little we have, we can begin this work and if nothing prevents I propose to make the first move on the 1st of January, 1908.

THE PUBLIC SERVICE.

He succeeds best who serves best. For success is service and the greatest hero is the greatest helper. The difference that existed between the noblest emperor of the Romans and the meanest royal profligate who ever occupied a throne, is precisely the difference that obtains between great men and little men the world over. The one would advance the world; the other would advance himself. One would serve; the other would be served. The monuments made by printer's ink are but paper shafts that stand but for a moment; but he who writes himself upon the hearts of his fellow men, has made an epitaph that shall endure for generations.

With every true man his work is first, his fee second—very important, indeed, but still second. But in every walk in life there is a class ill-educated, cowardly, stupid. And with these

just as certainly, the fee is first and the work second as with the noble, the work is first and the fee second. And this is no small distinction. It is, as Ruskin says, the whole distinction in a man: distinction between life and death *in* man, between heaven and hell *for* man.

"Society," said Burke, in his "Reflections on the Revolution in France," "Society is indeed a contract. It is a partnership in all science; a partnership in all art; a partnership in every virtue and in all perfection. As the ends of such a partnership can not be obtained in many generations, it becomes a partnership not only between those who are living, but between those who are dead, and those who are to be born." With but slight changes in phraseology this beautiful and impressive statement applies with great exactness to our organisation. It is for us with great opportunities for efficient service before us, to bear this partnership into which we have entered, constantly in mind. It lies with us to illustrate the meanness of an education which produces learned shirks or selfish skulkers or to illumine the perfection of a rounded culture with the radiant light of devotion to humanity. If difficult problems confront us, so much greater becomes the opportunity to solve them. If great obstacles are in the way, the greater glory to remove them. The watchword is service. This it is that crystallises our belief that enthusiasm and faith are the precursors of great deeds. As Dr. Van Dyke says, it impressively embodies our conception that the greatest success for a man, the only one at command, is to bring to his work a mighty heart. For it is more man that we need. Recent developments and discussion have driven us back upon the old, old truth—that only personality is the solution for the times—that all of the world's needs are embodied in its need for manhood.

About the plain and clear duties before us to perform we should have settled and fixed convictions. A man without convictions is a man of blubber. I do not say beliefs, opinions, views; all these are chaff in comparison. I say convictions so intertwined with his whole intellectual being, so coloring every thought, plan, purpose, labor, that they can no more be separated from them than his own existence can be separated from them. They should be seen and felt as powers wherever he goes; not because he is sounding a trumpet before him proclaiming their presence, announcing their glory, but because they are an inseparable part of his own personal character as the sun's brightness is of the sun's. So shall we labor that what come to us as seed shall go to the next generation as blossom and that which come to us as blossom may go to them as fruit. But in this

fight in which we are justly engaged, the Empire State sends to us her message:

Have you heard it?

On the night of July 2, 1863, after a bloody battle a council of war was convened by the commanding general. The corps commanders present expressed their views. Slocum, being the ranking officer in the council, was the last to reply. He said: 'Stay and fight it out.' Slocum was not an orator, but no orator made a better speech. It was brief like Cesar's *veni, vidi, vici*, but it told the whole story. Stay and fight it out was the advice given by the council to General Meade, who was not satisfied with his position at Gettysburg. The army of the Potomac did stay and fight it out and the victory gained is the last comment that can be made.

That is the message of the Empire State—"Stay and fight it out." And on the unsullied surface of the scroll that shall record our advance during the coming year, first of all let us write across it in living letters of light the motto of this conference.

"STAY AND FIGHT IT OUT."

Acinitis Prostatica.¹

By J. HENRY DOWD, M. D.

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DEFINITION.

AN inflammation of the glandular tissue of the prostate, but especially those situated under the urethrovesicle opening. To thoroughly grasp the subject under consideration one must be fairly familiar with the anatomy of the prostate not only in health but in disease. Briefly speaking, the prostate is made up of two lobes which are composed of muscles, glandular tissue and their ducts. The middle or third lobe described by the older anatomists is a misnomer and what is found in old men as a tumor between the lobes, and at the neck of the bladder, consists of acinus glandular tissue. In adult life these glands, which are of a racemose variety, situated directly under the urethrovesicle opening and between the lobes, are exactly similar to those found throughout the prostate. In some this glandular tissue is limited in amount; whereas, in others it is very abundant.

These glands together with those of the prostatic lobes, empty their contents into the posterior urethra through eighteen to twenty ducts which are situated laterally and posterior to the

1. Read at the fortieth annual meeting of the Medical Association of Central New York, held at Rochester, October 15, 1907

caput gallinaginis. The muscles of the prostate are in two layers, —longitudinal and circular. They surround the glandular substance but not the tubes; in other words, the glandular tubules have no muscular coats. This is an important point to be remembered, showing as it does how any debris from the urethra, when forced into these openings cannot be expelled except by contraction of the prostate at the time of intercourse, or by pressure through the rectum. In health the secretion from these acinous glands commonly called prostatic fluid is thin, of a milky character, alkaline in reaction, containing amyloid, hyaline and lecithin bodies, epithelial cells and amorphous phosphates. If to this fluid is added a 1 per cent. solution of phosphate of ammonia Boetche's crystals are formed. Prostatic fluid has a double action; first, it increases and dilutes the seminal fluid. Second, it increases the activity of the spermatozoa and acts as a nutrient. One author says in the absence of prostatic fluid the spermatozoa are motionless.

The nervous supply of the prostate and adjacent parts is very marked. It consists of motor, sensory and sympathetic filaments, especially the latter variety. The nerve supply is derived from the inferior hypogastric plexus through the hypogastric plexus which receives its filaments from the aortic plexus, lumbar and first two cervical ganglia. Through these the prostate has connection with practically every sympathetic center in the body. With this intimate relationship it must be very clear why patients with inflammatory disease of this region, should at times suffer such disturbances of the general system, both mental and physical. The close relationship between the prostate, rectum, and anus readily explains disturbances of urination such as retention, strangury, etc., following operations around the sphincter ani muscle.

The vascular supply of this region is very rich, being supplied from the vesicle, hemorrhoidal, and internal pubic. In this connection we can readily account for the frequent involvement, the rapidity with which the prostate enlarges, as in diffuse prostatitis, also the various rectal symptoms, as hemorrhoids, etc., so common in connection with diseases of this organ.

It will only be possible to speak of the cause and infecting agents in the briefest possible manner, and then only of what might be termed the simple variety. The bacteria in question are the gonococci, strepto- and staphylococci and the colon bacilli: the first three being conveyed to the part directly from the urethra and the latter by migration from the rectum. It must not be lost sight of that the disease, gonorrhea, is a mixed infection; there are always two varieties of bacteria present, the gonococci

and the strepto- or staphylococci. Authoritative reports are on record where gonococci have been found fifteen years after infection, and in isolated cases I have found them from two to five years afterward. But these are exceptions rather than the rule. In the vast majority of cases gonococci have a limited existence on the same tissue, that is, a membrane may be infected, they develop and flourish for a certain time, producing marked symptoms of inflammation, but under favorable circumstances symptoms subside, discharge becomes less and usually at the end of six to ten weeks no bacteria can be found except the strepto- or staphylococci. These are much in evidence and when they reach inaccessible places, as the acinous glands of the prostate, their existence may depend upon the life of the patient, thus the saying "Once infected with gonorrhea you never recover."

In at least 99 per cent. of the cases of acute acinitis prostatica gonococci are found together with strepto- or staphylococci and occasionally the colon bacilli. The same takes place as in the anterior urethra, when gonococci flourish for a certain time but their existence seems to be limited after the course of a few weeks for, except occasionally, none are found in the expressed secretions. On the other hand, the two other varieties are found as long as the inflammatory action continues.

The infectiousness of these bacteria no one will question. The point I wish to emphasise is: a person having had a gonorrheal involvement of the prostatic glands and recesses and the gonococci having entirely disappeared leaving the strepto- and staphylococci behind, they are just as dangerous as though colonies of the former were present.

Noeggerath says, "Eight hundred out of every one thousand men have had gonorrhea and 90 per cent. of them are never cured."

Fitch says, "Out of every one hundred women marrying men who have had gonorrhea not ten remain well."

These statements were made years ago and at that time were scoffed at, but what a change of opinion investigation and research have wrought; We know that a woman may be infected with pyogenicocci causing inflammatory involvement of her reproductive organs and that the same may exist for years without any symptoms. We further know that at any time this inflammation may become active resulting in pelvic abscess, salpingitis, oöphoritis or peritonitis followed by a train of symptoms which, sooner or later, drives her to the gynecologist. In this department of medicine we find a sad state of affairs and which are well proven by statistics. 85 per cent. of gynecology is due to infection at the time of sexual contact, and the writer will go on

record as stating that fully 70 per cent. of these are due to the strepto- and staphylococci. In from 40 to 50 per cent. of the operations on these organs, 95 out of every 100 ovaries removed, 70 per cent. of sterility and 20 per cent. of blindness is due to the same cause. One step further and I speak as a prophet; venereal diseases will never be stamped out but if the general practitioner who treats most of these cases understood and would explain to his patients the danger to the opposite sex and carry them to complete recovery, gynecology could be dropped as a branch of medicine; untold suffering and thousands of deaths prevented; and, lastly, thousands and thousands would be added to our population annually.

The symptoms vary according to the extent of involvement and seemingly to the bacterial infection present. In many, many cases examined the writer has found that where gonococci were not found in the expressed secretion the symptoms have not been as marked as in those in which they were observed. That involvement of these glands can exist harboring bacteria virulent in nature and no symptoms whatever is undeniable. For that reason I shall try and group a few that will point to the prostate as being the seat of trouble.

First, an acute specific urethritis which after a reasonable time, rational methods having been pursued, the condition refuses to clear up, or the discharge to cease, the urine becomes clear or practically so, when without any provocation suddenly all symptoms with profuse discharge return. Possibly the patient has experienced no symptoms for months, when within twenty-four to thirty-six hours after coitus and free use of liquor a slight gluing of the meatus is noticed. Careful examination may show no gonococci, or possibly only a stray pair on a whole slide, yet in the course of a week or ten days to two weeks a marked urethritis has developed, with no specific cocci to be found.

An epididymitis developing months to years after an acute urethritis and in the absence of all well-known causes as tuberculosis, etc., means an extension from an old inflammatory process in the prostate, especially involving the ejaculatory duct.

Tenesmus, bladder or rectal, varying in degree from only the faintest sensation to frequency of urination increased by slight rigors with an increase of temperature in the absence of, or months after acute infection. Pruritis ani, local conditions being absent. The nervous system suffers markedly, and in neurotic subjects their apparent suffering is most acute. Marked hysteria or neurasthenia in man should cause an examination of the prostatic region. Impotence, either partial or complete, is a common condition.

It is not only atonic but psychical, mostly of the latter variety. On the other hand erections simulating priapism, which in fact might be termed pseudo-priapism are occasionally met. Neuralgic pains of the joints, back and buttock shooting into the extremities, nightly emissions, even in married men, a drop of sticky substance appearing at the meatus following the urine or after movement of the bowels. This substance may not be mucus, spermatic or prostatic fluid, but a symptom telling that the acinous glands of the prostate are full of pus. Painful ejaculation always points to inflammation of this region, the ejaculatory ducts being involved.

Although the treatment is not materially different, differentiation should be made between inflammation of the acinous glands, vesiculitis, follicular prostatitis and involvement of the ejaculatory ducts. It will be admitted without discussion that folliculitis and acinitis prostatica cannot exist as a separate disease, yet one or the other so predominates that the lesser, per se, unless acute, gives no intimation of its presence. The former usually occurs as an acute condition, being accompanied by marked symptoms. The latter usually develops more or less chronically being an extension from the former, or due to local measures used.

Acute folliculitis generally develops during the second or third week of acute urethritis. Nightly calls to urinate range from every half to two hours. Daily calls are increased, and the second glass if examined carefully will be found to contain numerous small particles which are composed entirely of pus, commonly called prostatic plugs. Tenesmus, both bladder and rectal, is at times very marked. Rarely is there any increase of temperature and rigors are unknown, except possibly chilly sensations when urinating, being due to nervous influences.

Neurotic patients may be slightly agitated, but to no marked degree. Digital examination will show no change in the prostate, with the exception of increased heat. If rational methods are used resolutions should be complete, but in the majority of cases the opposite is the case. The symptoms are now similar but of a much lesser degree. Examination per rectum will show the gland to be perfectly normal, and if pressure be made only two or three drops of fluid will appear at the meatus. This to the naked eye will show numerous small particles, prostatic plugs, and frequently ribbon-like substances from the lumen of the follicles, but very little if any free pus. On the other hand, when inflammation has reached the acinous glands already described, and if those in the anterior portion are also involved, symptoms are entirely changed. Here is found a sense of fulness in the region of the rectum, marked pruritis ani, distinct chills and an

increase of temperature. Paroxysmal tenesmus is a prominent symptom, recurrent exacerbations of urethral inflammation and epididymitis with pains in the joints. Rectal examination will show the gland at times markedly enlarged and always one or more nodular swellings at the base of the gland, directly under the urethrovesicle opening. In isolated cases these glands break down and form localised abscesses, which when emptied of their contents leave depressions at times as large as a marble.

Vesiculitis, if acute, can scarcely be mistaken. Urination is increased to from every fifteen to forty-five minutes, temperature runs high and rectal and bladder tenesmus is marked. Digital examination will show the vesicles one or both, enlarged to the size of one's index finger. In the chronic state all symptoms are greatly modified. One that at some time of the day occurs and is almost pathogonomonic, is the escape of a quantity of almost pure pus following urination or while at stool. If found necessary differentiation can be easily accomplished as follows: after having the patient urinate thoroughly cleanse the canal by the aid of an antiseptic irrigation. He should now, with the prepuce retracted, hold the meatus while the operator massages the prostate, avoiding the acinous glands. Any fluid can be caught on a slide and examined at once.

Only prostatic fluid should appear, providing there is no trouble in the follicles. Again wash the urethra and massage the acinous glands avoiding the seminal vesicles, and ampullæ of the ejaculatory ducts. This slide should show no spermatozoa, but pus if they are involved. Again wash the urethra and thoroughly express from the vesicles and ampullæ their contents. Spermatozoa will now appear, and pus if any inflammatory action be present.

Caution.---No matter how experienced, the unaided eye cannot be depended upon for a differentiation of fluid appearing at the meatus. Following sexual excitement, and when coitus has not taken place, the writer after massaging the prostate has collected at least one drachm which the microscope showed to be normal prostatic fluid, not containing a single pus cell. Urine which was passed in such cases was quite opaque, but contained no pus.

There is no routine treatment for this condition. Every case must be considered a law unto itself, for what may be beneficial in one may act as a powerful irritant in the next. A few general instructions are very necessary and must be adhered to if any result is expected.

a. Total abstinence as to liquor and coitus, even sexual excitement.

b. Hygiene and internal medication according as to the urine will show a necessity for.

c. Most careful attention by the patient as to treatment, this to be governed by results obtained.

The first and most important step in the case of these patients is a thorough knowledge by both patient and physician of all things that are known to produce irritation. Coitus, even sexual excitement, and liquor are positively interdicted. The diet to a certain extent should be modified, but not to a degree which may cause a loss of tonicity in the tissues.

As a general rule food known to cause increased acidity and concentrated urine should be avoided. Such may be mentioned as shell fish, tomatoes, cucumbers, asparagus, and the like. If the urine shows increased acidity, with an increase in uric acid, red meat should be limited. Above all things local irritation should be avoided. In an occasional case an injection with the hand syringe will be found beneficial, but irrigation, instillations and above all sounds, bougies and electric contrivances are positively contraindicated. The urine is a most valuable aid in treatment and the condition of the nervous system ascertained through this source will, with appropriate medication in the majority of cases, swing the pendulum in the right direction. Thus, if the urine is found alkaline or feebly acid, of a low specific gravity, possibly containing a trace of albumin, iron with nerve tonics are indicated. On the other hand, if the opposite is found sedatives in connection with physical quietude is an absolute necessity. The urine is also the barometer for feeding, for in the first instance a stimulating diet is called for as eggs, etc., whereas, in the latter stimulating food must be avoided to a great extent. The removal of the retained pus is accomplished in two ways; ejaculation during coitus or nightly emissions, and by aid of the finger in the rectum. For the latter the following procedure is advised. Express from the urethra all free pus and the patient should then urinate in two glasses.

The prepuce should now be retracted and the patient told to hold the meatus tightly with the left thumb and forefinger. Having him stoop well over a chair or other support the operator's index finger is introduced into the rectum. With the opposite fingers over the pubes the prostate should be pressed against the examining finger. Pressure is now made and especially in the region of the urethrovesicle opening. In the great majority of cases on one or both sides of the median line these glands can be felt usually, as a slight nodule, occasionally semifluctuating which will become a sort of depression after the contents have been expressed. The finger is now withdrawn and on a glass

slide held at the meatus the fluid is collected for examination. Fluid will escape even though the conditions be normal, and the vesicles not touched, but the microscope will decide its nature, whether pus or prostatic fluid. Ten minutes being allowed to elapse he should again pass urine which will be quite opaque and should be submitted to examination. The average interval between treatments is one week, but individual susceptibility may postpone succeeding treatments to ten days or two weeks. This susceptibility can only be discovered by the physician who from appearances and otherwise must decide whether improvement is taking place. After inflammation has once reached these glands no amount of treatment will thoroughly eradicate the pus cells, but it should be continued until only two or three can be found on a field. Treatment should then be suspended when in the course of a month to six weeks if a temperate life has been lead it will be found that nature has eradicated every vestige of the former condition.

In arriving at a cause for this condition and a remedy for its prevention the writer would state; 90 per cent. of the men have or have had gonorrhea and in 100 per cent. the posterior urethra is involved. If in six, eight or ten weeks recovery has not taken place (which does not in 75 per cent. of the cases) by injections and stimulating diuretics, more strenuous methods are used. It is usually the sound and in at least 80 per cent of cases infectious bacteria are forced into inaccessible localities only to be driven therefrom at the time of ejaculation.

Remedy. Abolish the sound as a surgical instrument in the treatment of urethritis. Have the most experienced teach the medical student, didactically and clinically, how to rationally treat inflammation of the urethra, and when these cases are beyond infection, instead of how to remove ovaries and tubes.

43 WEST TUPPER ST.

SELECTED ARTICLES.

The Relative Value of the Obstetric Forceps and Version as Methods of Delivery.¹

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IN discussing the relative value of the obstetric forceps and version as methods of rapid and safe delivery, we presuppose that the operator has had a fair experience with the use of both

1. Read at a meeting of the Obstetrical Society of Philadelphia, April 4, 1907

methods of delivery, having acquired at least a moderate amount of skill, and where forceps is concerned the instrument used is well made, of good length, and of one of the standard patterns upon which the operator may rely. We mention the latter point because of the following case:

Some four years ago the writer was called one night by a young physician to deliver a primigravidous woman. My young friend in attempting to deliver the patient with a pair of short, light-weight Simpson forceps had broken the anterior blade within the uterine cavity. The forceps did not have an axis traction appliance. He said he thought the piece of blade was in the anterior part of the uterine cavity. When first seen the patient had been in labor about ten hours, was exhausted, and not under an anesthetic. The forceps had been applied because of weak uterine contractions. The head was not engaged, although the pelvic measurements were normal and the head could be brought into the pelvic inlet by pressure. I could not feel the piece of forceps blade by palpation because the bladder was half full of urine. The urine was drawn off, and the patient anesthetised, after which the child's head was gently brought down and rotated far enough to apply the Tarnier forceps. Strong traction was made in a direction downward and especially backward, so as to avoid the piece of forceps blade. The child was born living and well, having suffered no injury whatever; neither was the delivery an especially difficult one. The piece of forceps blade was found on the anterior uterine wall, the broken ends resting downward, as I remember it, against the pubic bone. After withdrawing it I examined the interior of the uterus, and found that no damage whatever had been done. Both mother and child did well.

In the majority of cases we believe that in the mother's interests forceps delivery is safer than version, as far as the operation itself goes. There is less danger of tearing the soft parts of the birth canal, and the slow traction gives the canal time to dilate. In cases, however, in which rapid delivery is necessary in the interests of mother or child, or both, version properly performed will be the better method of delivery.

When weak labor pains delay the expulsion of the child in a patient in whom the fetal vertex is anterior, the os fairly well dilated, and the mother in good condition, stimulants having been tried and having failed, these are the ideal cases for forceps delivery. If the head is engageable above the pelvic floor axis traction should always be used. When the occiput rotates posteriorly to the transverse diameter of the pelvic inlet, it may be rotated slightly anteriorly by the hand, and the forceps, preferably the

Tarnier, may be applied; downward traction in the axis of the pelvic inlet will usually favor anterior rotation of the occiput. Occasionally in this class of cases some sort of loose lock instrument, such as the Simpson, may be used providing the instrument is long enough and has an axis traction appliance. Personally we have had good results in its use. When the occiput has rotated directly backward in pelves of normal size and with no impaction, the forceps should be used in the majority of cases, the Tarnier being here the instrument of choice. Delivery by the forceps where the head is rotated posteriorly takes time, however, and is well adapted for cases in which the child is alive and strong and the mother in good condition. There is a certain proportion of women with slightly flattened pelvis, or instances where mother and child could not stand a long forceps delivery, and in these cases podalic version offers good results providing the soft parts are well dilated.

In flat pelves where the anteroposterior diameter is contracted to such a degree as to retard labor, but not sufficiently to actually prevent the passage of the head, labor may be retarded to such an extent as to cause exhaustion. In such cases the head attempts to enter the pelvis with one of its anteroposterior diameters in relation with the transverse diameter of the inlet, the lateral obliquity of the head being very much increased. In such a position forceps are dangerous; the blades should never be applied over the forehead and occiput, and the shortened oblique diameters prevent turning the head manually so as to properly apply the forceps. Here podalic version will often save the child's life without materially endangering the mother's. On the other hand, in justomino, generally contracted pelves, the contraction being slight and the head not abnormally large, there is no long transverse diameter in which to turn the child, and in such cases, where the mother cannot deliver herself, the forceps, frequently reënforced by the so-called Walcher's position, will give much better results than version. Labor in both flat and justomino pelves should, however, be most carefully studied; it is so easy to attempt delivery in pelves too small for the child to pass through. External pelvimetry, while some sort of a guide, is not infallible; frequently the external measurements may be normal or nearly so, while the actual diameters of the inlet may be much decreased, due to abnormal thickness of the bones or muscles. In doubtful cases we should not content ourselves with external pelvimetry only, but should measure the internal conjugate by vaginal examination, internal pelvimetry, and by sweeping the finger around the head, which should be also fitted into the pelvic brim. It will be frequently necessary to have the patient under an anesthetic to do this properly.

We repeat that these patients with contracted pelves should be studied with care, and if the operator is doubtful that version or forceps delivery can be safely performed, the patient should be delivered by abdominal incision or craniotomy. The former under proper conditions endangers the patient very little more than does a well-performed forceps delivery in a normal case, and much less than a complicated and lengthy attempt at forceps delivery or version where the pelvis is contracted.

Face presentations, as long as they occur in pelves of normal size, the extension being good and the chin rotating well to the front, usually deliver themselves without help after a slow and tedious first stage. When, however, in primigravidous women whose birth canals are not well dilated or dilate slowly, and uterine contractions are inefficient, the chin may not rotate. In these cases manipulations must be tried to bring the chin to the front of the transverse line, and if these efforts fail podalic version will frequently save the child and shorten the sufferings of the mother by several hours. When the patient is a multiparous woman with well dilated birth canal, slow first stage, the child's head being well extended and the chin anterior, forceps may be used to advantage to cut short a labor which if left to nature might possibly exhaust the patient. The advantage of the Tarnier instrument in this case is that the rotation of the chin may be completed by the rotating action of this instrument. The blades should be accurately fitted to the sides of the child's head. In our own experience we must confess to a preference for podalic version in a majority of these cases.

In shoulder and arm presentations, the head being in one iliac fossa, the breech being in the opposite upper uterine quadrant, much valuable time is lost in trying to push up the head so as to bring it into the inlet sufficiently to apply the forceps; especially is this the case if the membranes have ruptured and the patient has been in labor for some time. Podalic version by the method of Braxton Hicks may here be done with great advantage, the child being more frequently saved.

In cases in which the brow presents, the head being partly extended, birth is impossible. In many of these cases attempts either to flex the head, trying to convert it into a vertex presentation, or to extend and rotate the chin anteriorly, endeavoring to change it into a face presentation, result in failure; thus valuable time is lost. In these cases podalic version skilfully performed offers the child a better chance for life than do prolonged manipulations upon its head, always with the possibility of pressure on the cord and consequent asphyxia.

There can be little doubt as to the value of podalic version in cases of central or partial placenta previa. When, however, the

child presents by the vertex and the head is pressing well down on the placenta, it is often better to apply forceps and deliver quickly rather than to run the danger of dislodging the placenta entirely by version. Possibly it may offer the child a rather better chance too. If the head is high up above the pelvic brim, or if the child presents by a part of its body other than the vertex, or there is slow dilatation of the cervix, version should be performed.

Every one who has tried to replace a prolapsed umbilical cord after rupture of the membranes knows how difficult it is to keep the cord in the uterine cavity after replacement, no matter what methods have been used. A large number of children are always lost in these cases. Various methods of delivery have been tried: some operators prefer to place the patient in the knee-chest or Trendelenburg position, replace the cord, then bring down the child's head and extract with forceps. The writer's preference, however, is for podalic version in these cases: we have delivered a larger number of living children by version than by any other method.

Tumors or occlusion of the vagina or uterus, or of the latter extending into the vagina, are contraindications to version, but in a very large number of cases they are to forceps delivery also, so that this class of cases must very largely be treated by abdominal section.

Twice in our experience we have met with cases in which the caput succedaneum was of excessive size. In both instances the mother's pelvis was normal in size or nearly so. The exact cause of such an enlargement of what is usually a small and inoffensive tumor we are unable to state. In one case the tumor projected beyond the bones of the head for a distance of nearly two inches. Application of the forceps resulted in the slipping of the blades. Podalic version was resorted to and gave living children in both cases.

Hemorrhage from a placenta partially separated at its upper margin, the bleeding occurring between the membranes and the uterine wall, constitutes a dangerous complication of pregnancy. Version as a rule in such cases causes the mother to run the additional risk of entirely separating the placenta during the turning of the child. Here the method of preference would be to rupture the membranes, stimulate the uterus to contraction, and deliver the child as soon as the cervix is sufficiently dilated. In a group of cases in which the mother must be delivered with some rapidity because she is the victim of heart, lung, or kidney disease, the method of delivery must depend much on the presentation, the time of pregnancy, and the general condition of the mother and child. As a rule, though, our impression is that less

shock will follow a gradual delivery by forceps than by the more rapid one of version and extraction.

CONCLUSIONS.

Where rapid delivery is necessary, the pelvis being of normal size or flattened very slightly in the anteroposterior diameter, the transverse diameter being of normal size or increased, the cervix and vaginal canal dilated and well softened, version is preferable to forceps when mechanical interference is necessary. Among the special indications for version may be classed the following: Brow or face presentations with no rotation of the chin; certain cases of occipitoposterior position; parietal presentations; placenta previa, if the presenting part is high up in the pelvis and the soft parts dilate slowly; certain cases of deficient uterine contractions; prolapse of the cord; transverse positions; excessively large caput succedaneum; some cases of eclampsia.

Forceps delivery gives best results in the largest number of labors delayed by weak uterine contractions where interference is necessary, in the majority of cases of posterior rotation of the occiput. Forceps are also to be used in cases of rachitic, generally contracted, or in just minor pelvises, providing the contraction is not great enough to prevent the head and shoulders of the child from passing through the inlet, and in those patients having certain constitutional diseases, when manual delivery is to be performed.

Neither forceps nor version should be attempted in any case of hydrocephalus or abnormally enlarged fetal body unless craniotomy or evisceration has first been performed.

The Treatment of Pneumonia in Private Practice

By WILLIAM EWART, M. D. (Cantab), F. R. C. P.

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(*Folia Therapeutica*, October, 1907)

The opportunity for treatment.—In private practice pneumonia is fortunately not so fatal as in hospitals, but it remains one of the most anxious and responsible diseases to treat. For once, the hospital patient does not enjoy the better chance, as too often the delays and the exertions inseparable from his admission seriously detract from his advantages. But in private there is no acute attack which presents a more complete opportunity for treatment. *Unmistakable* in its diagnosis, it is also from the first *disabling*, and brings the case *at once* within the reach of help. Moreover, we are given ample warning of the impending pathological changes, two days on the average elapsing before the occurrence of thorough consolidation. The question, therefore, is squarely before us: Shall I treat the condition or only the circumstances?

—a question of great responsibility in all its aspects, but of paramount importance to the patient. The next question is: What treatment shall it be? The third question: When shall it be applied? This short article may help to answer these questions, for they have not yet received, even in our latest therapeutical literature, any satisfactory solution.

The merits of the pneumococcus.—But there are two larger questions to be dealt with first which cannot be taken for granted. Their issues are fundamental. *Does nature herself do the best* by way of treatment for the patient? And above all: *Is pneumonia an affection in itself desirable* for us to have, and to have thoroughly? This is not an idle enquiry in these days of vaccination and immunisation. Among the laity, even the educated, a belief has prevailed and has been acted upon that a variety of diseases, all of them infective, in particular mumps, scarlet fever, measles, and, alas! whooping cough, are worth inviting for the benefit of the children "that they may get it over." If the sufferers should escape the mortal risks which they are thus made to incur, it cannot be denied that something has been gained in the direction of future immunity. But in the case of pneumonia this argument does not apply. It is well known that, as in the analogous infection of influenza, the worse the pneumonic attack, so much greater is the chance that it may be *repeated* in the individual. Pneumonia cannot, therefore, be welcome. But when it does come, may it not be best to get it "sharply and thoroughly"? In short, if it were possible to mitigate the attack considerably, so as to reduce its duration, the temperature, the other dangerous symptoms, and the abundance of the micrococci, would it be better not to attempt to interfere, but to go through with the normal attack? If that point were put to the test of personal preference, opinions might differ; but it is probable that the best judges, say the average of bacteriologists, if sentenced to grow the pneumococcus in their own economy, would choose to have rather less than more of it on board, and for the shortest period. This is well worth bearing in mind when we are called in to see an unfortunate patient who has just had his pneumonic rigor.

The pneumococcus invasion: Its mechanism and significance.—In these matters, which are of the first importance but very obscure, there is no chance for us, though we may be entirely in error, but to speak and think in the terms of the knowledge of the day. We have, therefore, to assume that the pneumonic attack consists in an overwhelming proliferation of the microbe within the organism, and that it ends with the dying off of the microbe and with its clearance by phagocytes. We further

assume that this proliferation occurs mainly *after the invasion*. On the other hand it is fairly obvious for various reasons, but above all because the patient was already ailing before, that the so-called "invasion" is not the precise moment of entrance. The initial rigor may be regarded as a medullary event, perhaps local by embolism or congestion, possibly only reflex like the ringing of an electric bell from some distant call. At any rate it cannot be the deed of a handful of pneumococci as they pass in. The significance is rather that the enemy has reached the citadel, and, unless fought, will multiply unchecked.

The post-invasion proliferation is still, I believe, a postulate. My friend, Dr. A. H. Smith, of New York has taught us to regard the proliferation as a *localised process*, its site the lobe affected, its nutrient *breeding ground* the inflammatory exudate in the air cells. These are inferences which seem highly probable, though still lacking proof. The inferences are drawn from the following considerations: in other pneumococcus affections, such as primary pneumococcus arthritis, or peritonitis, or meningitis, lesions are found elsewhere, but the lung may be perfectly normal. The lung is therefore presumably not in those cases the "breeding-ground," whilst everything points to the special organ which presents the inflammatory change being the seat where the microorganism multiplies. In pneumonia it would therefore be warrantable to conclude that the microörganic growth has its main seat in the lobe affected, and that its amount bears some proportion to the amount of the inflammatory exudate. It is essential to our therapeutics that we should be clear on this point: as, if these assumptions were correct, any control we might succeed in obtaining over the local inflammatory change would bear the interpretation that some degree of control has been gained over the process of proliferation itself. This is the second line of thought which should engage our attention at our first visit.

Is nature's "self cure" adequate?—We have no criterion: and we might argue the point for ever, as in any other "matter of opinion." But we have senses of observation, and common sense, and clinical instinct, and they speak with one voice. Why should nature's cure be the *optimum* in pneumonia when it is not a life-saving cure in erysipelas and cellulitis, in syphilis, in diphtheria, in appendicitis and in a host of infective affections capable of recovery by suitable treatment only. There is no proof, but analogy strongly disallows, that lives might not be saved by suitable interference in pneumonia. Moreover, although nature seems to do the needful in many cases that recover spontaneously, the patient's precarious survival cannot be held to prove that her method was for them the safest, the quickest, or the most

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free from avoidable evils. As a fact, her method consists in providing free scope, not in opposing any check, to the growth of the micrococcus. If the upshot is the loss of so many lives which might have been saved, then not to attempt to do anything is only too productive in results: and the so-called "expectant treatment" is equivalent to a sinister activity.

This is a third meditation which is urgent before we quit the bedside.

SOCIETY PROCEEDINGS.

Medical Society of the County of Erie

REPORTED BY FRANKLIN C. GRAM, M. D., Secretary

THE annual meeting of this society was called to order by first vice-president Dr. Edward Clark (the president being absent from the city), on Monday, October 14, 1907, at 4 p.m.

The secretary read the minutes of the last meeting, and also those of the council which were duly approved.

The chair asked the pleasure of the Society regarding the manner of the annual election of officers to be held, stating that it had been customary to appoint a nominating committee, although the by-laws provided for election by ballot; whereupon Dr. Bonnar moved that the society proceed to elect officers by direct nominations. Carried.

Dr. Rochester nominated Dr. Charles A. Wall for president. Dr. Dunham nominated Dr. Edward Clark for president. Nominations were then declared closed, and the chair appointed Drs. Lytle and Bennett as tellers.

The tellers announced 32 votes cast, of which Dr. Clark received 17 and Dr. Wall 15. Dr. Clark was, therefore, declared duly elected president of the society for the year 1908.

It was moved by Dr. Fronczak that the two vice-presidents be chosen on one ballot, the one receiving the highest number of votes to be declared first vice-president, and the next highest, second vice-president. Carried.

Dr. Grant nominated Dr. Charles A. Wall; Dr. D. C. Greene nominated Dr. James S. Smith; Dr. Bennett nominated Dr. Grover W. Wende. Nominations were then declared closed. The total number of ballots cast was 31, of which Dr. Wall received 26 votes, Dr. Grover W. Wende received 24 votes, and Dr. James S. Smith 12 votes. Dr. Charles A. Wall was then declared duly elected first vice-president, and Dr. Grover W. Wende, second vice-president.

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Dr. Eli H. Long nominated Dr. F. C. Gram as secretary, this nomination being seconded by Dr. W. D. Greene. Dr. Rochester nominated Dr. William Irving Thornton as secretary. Nominations were declared closed. Dr. Thornton withdrew his name, and Dr. Benedict moved that the chair cast the ballot of the society for Dr. F. C. Gram as secretary.

Objection being made by Dr. Grosvenor, the chair ruled that each member must prepare his ballot. The tellers announced 31 votes cast, of which Dr. Gram received 19, Dr. Rochester 1, Dr. Hartwig 2, Dr. O'Gorman 1, Dr. Blaauw 1, Dr. Thornton 1, Dr. Bennett 1, Dr. Grover W. Wende 1, with 4 blanks. The chair thereupon declared Dr. Gram duly elected as secretary.

Dr. Dewitt C. Greene, the present treasurer of the society, stated that he no longer desired to continue in the office and nominated Dr. Albert T. Lytle as treasurer. No other nominations being made, the chair declared the nominations closed. The chair appointed Dr. Dunham as teller in place of Dr. Lytle. Twenty-nine votes were cast for treasurer, of which Dr. Lytle received 21, Dr. Rochester 3, Dr. Gram 1, Dr. Gray 1, Dr. Greene 2, and blank 1. The chair then declared Dr. Lytle duly elected as treasurer.

Dr. Eli H. Long moved that the election of remaining officers and committees be deferred until after the reading of a paper by Dr. John P. Sawyer of Cleveland, Ohio, who was present as the guest of the society. Dr. Sawyer then read an interesting and instructive paper on diabetes. The paper received the close attention of all the members present, and at its close it was discussed by Dr. Rochester, who afterward moved a vote of thanks to Dr. Sawyer for his admirable address.

Further nominations and elections were then resumed. Dr. O'Gorman and Dr. Dunham were appointed tellers, and the result of subsequent elections was as follows: Board of Censors, Dr. Henry R. Hopkins, chairman; members, Drs. DeLancey Rochester, Francis E. Fronczak, Walter D. Greene and John H. Grant.

Dr. Bennet declined to serve further as chairman of the committee on legislation, and Dr. A. A. Hubbell was elected as chairman of such committee. Dr. Ernest Wende was elected chairman of the committee on public health. Dr. T. H. McKee was elected as chairman of the committee on membership.

Delegates to the Medical Society of the State of New York for two years were elected as follows: Drs. George L. Brown, Arthur W. Hurd, William H. Thornton and Francis M. O'Gorman.

Delegates to the Eighth District Branch of the Medical Society of the State of New York, for two years, were elected as follows: Drs. Walter D. Greene, J. F. Rice, Chas. A. Wall, Francis E. Fronczak and S. A. Dunham.

Dr. A. T. Lytle of the committee on membership reported favorably upon the following candidates: Dr. Arthur Porter Squire, 277 Franklin Street, Buffalo; Dr. W. Warren Britt, 17 Kohler Street, Tonawanda; Dr. John A. Ragone, 254 Swan Street, Buffalo. The chair ordered a ballot which resulted in the unanimous election of these candidates for membership.

Dr. Rochester said that the board of censors had done good work this year; among other things, securing convictions of noted criminals, and moved that the Medical Society of the County of Erie authorise the board to take such steps as may be necessary to annul the certificate of H. J. Ince now serving a term in the Erie County Penitentiary.

Dr. Grosvenor moved that nominations for all elective officers for the year 1909 shall be made at the June meeting of 1908. Carried.

A communication from the Medical Society of the County of Genesee, relative to the garnishee law, and also a resolution passed by said society in relation thereto was read by the secretary, and on motion was ordered referred to the committee on legislation with power.

A communication from Dr. Arthur McDonald, Washington, D.C., in relation to "A Plan for the Study of Man" was referred to the chairman of the committee on public health.

The society then adjourned.

ABSTRACTS.

The Chemical Analysis and Physiologic Experiments on "Meatox," the New Food Product.

By I. V. S. STANISLAUS, B.Sc., Pharm. D.

Medico-Chirurgical College, Philadelphia, Department of Pharmacy, Dean's Office.

[Abstract of an Original Communication published by *The Medical Bulletin* of Philadelphia, Pa., September, 1907.]

August 23, 1907.

Editor Medical Bulletin, Philadelphia:

PHYSIOLOGICAL EXPERIMENTS ON MEATOX.

DEAR SIR: Enclosed please find the report of the chemical analysis made by me and of physiologic experiments conducted by me upon "meatox," a food product recently introduced by Mr. Charles Marchand, the well-known New York chemist.

"Meatox," as will be seen from below given findings, is in a class by itself. It can hardly be called a "meat extract" in the ordinary sense of the word, as it represents *more food-value* than any of these. The findings given below speak for themselves.

Very respectfully,

I. V. STANLEY STANISLAUS.

Philadelphia, Pa., March 28, 1907.

ANALYSIS OF MEATOX.

Upon analysis of a sample of meatox it was found to be composed of the following ingredients and proportions:

Moisture	4.80
Celery Flavoring (residue from alcohol extract).....	2.21
Sodium Chlorid	4.56
Proteid Matter	73.54
Insoluble Matter.....	9.43
Total.....	94.54
Ash	4.96
	99.50
Loss	.50
	100.00

PHYSIOLOGICAL EXPERIMENTS ON MEATOX.

Submitting the enclosed analysis I take pleasure in stating that basing it on the protein contents this is the most wonderful exponent of the modern nutrients extant. It is practically five times the meat value as a food, and as such will command the attention of every physiologist and hygienist interested in food products.

Philadelphia, June 29, 1907.

Meatox is a pale yellow, granular powder, having the odor and taste of celery, with which it is flavored.

Its composition according to my analysis of March 28, 1907, is as follows: 73.54 per cent. of proteids, 4.5 per cent. of salts and 12 per cent. of fats.

It does not dissolve in cold water, but imparts to the water an opaque color. When applied in a solution to the frog's heart it increases the rapidity of the beat for a short time, then makes the beat stronger.

The effect on blood pressure in the human subject was noted. A man was fed on meatox, bread and butter, water, a little hot tea, without milk, and fruits and berries with a little sugar for ten days. Blood pressure was estimated with a Rivi-Rocci sphygmomanometer, the systolic pressure being only recorded. Before starting in on the meatox diet, the radial systolic pres-

sure was 115 millimeters of mercury, while at the close of the diet the radial systolic pressure was 118 millimeters of mercury.

The effect of meatox was tried on intestinal peristalsis. The effect was studied after the method of Professor Magnus, of Heidelberg. A piece of the small intestines of about 10 centimeters in length was taken from a rabbit. This was placed vertically in a glass containing about 225 cubic centimeters of a modified Ringer fluid kept to the temperature of 37.5° C. One end of the intestine was attached to an L-shaped glass rod by means of an S-shaped pin hook, and the other end to a Porter's heart lever slightly weighted.

Oxygen was allowed to pass through the solution all the time. Before the meatox was added contractions were recorded, to get about as near normal contractions as possible. About 2 decigrams of meatox were then added, and it was noted that the tonus of the contractions increased but the frequency remained about the same. Larger doses of meatox were added to the intestine the frequency became a little slower, but the tonus and force of contractions increased markedly.

The recording of the effect of a maximal break electric shock was noted on a smoked drum by means of a Porter's muscle lever and moist chamber. The muscles contracted very rapidly. Both the systole and diastole were very rapid, and when a strong tetanising current was added it was noted that the contractions became stronger after the current was on for a few seconds. Return to the normal was gradual. From this it appears to assist in muscular contraction.

The above deductions convince that meatox as a concentrated food is an easily digested, assimilated, and sustaining condiment. It is the first in the field of foods as a true highly-organised proteid food. Acknowledgment is here made of the valuable assistance rendered by Joseph F. Ulman, M. D.

Pharmacists and Physicians Hand in Hand.

By SOLOMON SOLIS-COHEN, M.D., Philadelphia.

Chairman of the Delegation from the Section of Pharmacology and Therapeutics of the American Medical Association to the meeting of the American Pharmaceutical Association.

For the last few years pharmacists and physicians working hand in hand, have set themselves to change some of their mutual errors and mistakes of the past. It lies not in the mouth of the physician to reproach the pharmacist nor in the mouth of the pharmacist to reproach the physician. We have erred mutually, we have erred together, and we are determined to redeem ourselves together. The mere trade in patent medicines, in frauds

and fakes, the deceits of all kinds, need not concern us. There are crimes outside of the ranks of medicine and outside of the ranks of pharmacy and we are not starting off on a general reform expedition. There are other organisations and other agencies for that purpose, but the movement to make the drugs—whether the product of the manufacturing houses or the product of the individual pharmacist—which are dispensed over the counter, upon our prescriptions, what they purport to be is one in which you and we have a common interest, and in which our patients have the greatest interest of all. I recognise and you recognise—we must recognise—that in the general progress of science and the general advance of discovery, and the general progress of the arts of manufacturing and preparation of crude pharmaceuticals there is abundant room for large manufacturing houses which devote themselves to specialties of various kinds.

MANUFACTURING PHARMACY.

For example, how can the individual pharmacist undertake to prepare and supply the great group of animal extracts and serums, which now have such a large part in the therapeutics of today? And so even with various galenicals, alkaloids and the like. There are many things which the retail pharmacist cannot do as well as that establishment which possesses the proper facilities and which is thoroughly organised to do well on a large scale what can only be done imperfectly on a small scale. We all recognise that, and the American Medical Association has taken steps, individual physicians have taken steps, to place themselves in proper relation with the great manufacturing houses, which are a credit to American Pharmacy and to American business. We want to have the most cordial relations with them, so that these firms may be encouraged to prepare and offer to us for the benefit of our patients the best and purest and most definite pharmaceutical products. And yet, after all, there is a place, and there must be a place always for the individual pharmacist—the retail druggist, call him by whatever name you please; for the individual who practices as a scientific man the profession of pharmacy.

The Serum Treatment of Exophthalmic Goitre.

Harriet C. B. Alexander, *American Practitioner and News*, August, 1907, discusses the subject and reports thirteen cases. Four principal theories of the disease have been advanced: (1) That it is due to disease of the sympathetic nervous system; (2) that the seat of the malady is the medulla oblongata; (3) that it

is primarily a disease of the thyroid gland; and (4) that it is a neurosis.

Modern therapeutic measures have been largely based on the thyroid theory. The results of partial strumectomy indicate that the successful removal of a portion of the thyroid gland can lead to cure or to definite amelioration of the condition. On the theory that the thyroid secretion normally neutralises certain general metabolic poisons in the body, Moebius and others conceived of treating cases of exophthalmic goitre, in which there is presumably an excess of thyroid secretion in the body, by introducing subcutaneously, or by the mouth, the serum of thyroidectomised animals. It was hoped that the non-neutralised general metabolic poisons of such animals would nullify the toxic effect of the excessive thyroid secretion. As to the treatment, experience has shown the great importance of general measures: complete rest for a time, fresh air, careful diet, mild balneotherapy, etc.

The name thyroidectin has been given to a preparation obtained under the aseptic precautions from the blood of animals from which the thyroid glands have been removed, and which is exhibited as a reddish-brown powder contained in capsules, usually five grains each. Carefully conducted clinical trials seem to show that thyroidectin can be depended upon to control the characteristic symptoms of exophthalmic goitre. In most cases the patient experiences much relief from the restlessness, tremors, insomnia and other nervous symptoms so frequently present, and a gradual lessening of the frequency of the pulse rate, decrease in the size of the glands, and a diminution of the exophthalmos, with an increase of weight and a much better condition generally. The dose of thyroidectin seems to be one or more capsules after each meal, according to the judgment of the physician and the reaction of the patient.

In nine of the author's thirteen cases the size of the gland was materially reduced, and in every case improvement was observed with respect to one or more of the symptoms.

THE MISUSE OF THE VOICE AND ITS CURE.—N. J. Poock Van Baggen of The Hague describes the exercises needed to correct the false use of the voice after proper breathing has been learned. The mouth must be opened widely. The back of the tongue becomes too much developed and the tip must be exercised instead. To cure imperfect articulation the exercises must develop different groups of muscles separately. The author describes exercises for the development of the tip of the tongue by articulation of vowels and consonants.—*Medical Record*, November 23, 1907.

CORRESPONDENCE

Collargolum

The Method of Action of Collargolum — Favors Leukocytosis — Interesting Letter from Schering & Glatz.

To the Editor of The Buffalo Medical Journal.

SIR—Bacteriological investigations published of late have called renewed attention to the acknowledged fact that, in vitro, collargolum has no such bactericide powers as silver salts—such as the nitrate. As this fact has led to a priori denials of its clinical efficacy, permit us to point out that the indubitable therapeutic action of the remedy—demonstrated by almost four hundred publications—is not dependent on germicide properties.

By reason of its colloidal nature, collargolum has vigorous catalytic effects which induce or enhance the processes of oxidising bacterial toxins in the organism. This fact was proved experimentally by Schade, Hamburger, Robin and others. Professor Solis-Cohen (*Journ. Amer. Med. Asso.*, October 20, 1906,) stated:

It is quite probable that the therapeutic value of colloidal silver is largely due to catalytic action in taking up and again yielding oxygen, thus destroying toxins, bacteria or diseased cells—a chemical amboceptor action, to take an illustration made familiar by Ehrlich—and through such action it may prevent or retard sepsis. It certainly has a definite therapeutic action and should be employed more extensively in larger and more frequent doses.

An exhaustive study of the leukocytogenic action of collargolum was recently published by Dunger (*Archiv f. klin. Medizin*, 1907, Vol. 91, No. 3-4). He found that an intravenous collargolum injection was immediately followed by hypoleukocytosis. One or two hours later a hyperleukocytosis always occurred, usually up to 130 to 150 per cent. with a maximum of 260 per cent. After twenty to twenty-four hours the number sank to its original figure. He explains the hypoleukocytosis as due to the destruction of neutrophiles, the later rise being an over compensation of the defect from the bone marrow. The collargolum leukocytosis is favorable because of the phagocytosis by which microorganisms are taken up and destroyed, and inorganic bodies such as silver particles are carried outside the blood current, as to joint cavities. The marrow irritation occasions a stimulus to the formation of immunising bodies. The leukocytic decomposition, setting free proteolytic ferment, is probably of the greatest importance for the solution and resorption of inflammatory exudations, especially of pneumonic infiltrations. This is confirmed by the author's experience with collargolum in a series of pneumonias.

That collargolum stimulates the formation of leukocytes, especially of the large, multinuclear forms, was also demonstrated by Rodsewicz, Achard and Weil, Ceresole, French, Widai and others.

When done under conditions closely simulating a clinical sepsis, animal experimentation with collargolum has always given favorable results, as the reports of many veterinary surgeons on the successful use of collargolum in infected horses, cows, etc., show. An artificially produced infection is, however, not analagous to one which occurs naturally, the intravenous injection of highly virulent bacterial cultures is far more brusque than the gradual development of a clinical sepsis. Moreover, in all laboratory experiments in which collargolum was administered to the animals simultaneously with the infectious material a negative result was to be expected, since the remedy is rapidly eliminated and had thus passed out of the body when the infection reached its height. Experimenters who waited with the administration of collargolum until the animals showed violent signs of illness, saved them (Beyer, Pinto and others).

In view of the importance of the subject, we trust the above will be accorded space in your esteemed columns.

Yours respectfully,

New York, November 18, 1907.

SCHERING & GLATZ.

The American National Red Cross

Letter from Surgeon-General O'Reilly, U. S. Army—As member of the Executive Committee, American National Red Cross, sends resolutions adopted by the Red Cross relating to the commercial and other uses of the insignia.

SIR—As a member of the Executive Committee of the American National Red Cross, I have been requested to forward to you the enclosed resolutions with the hope that you may find it expedient to kindly print them in your publication and lend what assistance you can in discharging the international duty assumed by this country in agreement with all the great powers, of protecting the Red Cross name and insignia from any use save that agreed upon by the treaty of Geneva.

In cases where the name and insignia are used as trade-marks, the suggestion would be of value that their use should be gradually eliminated within the next three or four years, in conformity with the provisions of the treaty that the prohibition of the use of the emblem and name should be enforced not later than five years after the treaty went into effect.

R. M. O'REILLY,

Surgeon General, U.S. Army, Member of the Executive Committee, the American National Red Cross.

National Headquarters, A.N.R.C.,

Washington, D.C., November 9, 1907.

Resolutions adopted by the Executive Committee of the American National Red Cross, October 18, 1907:

WHEREAS, By international agreement in the Treaty of Geneva, 1864, and the revised Treaty of Geneva, 1906, "the emblem of the Red Cross on a white ground and the words Red Cross or Geneva Cross" were adopted to designate the personnel protected by this Convention, and

WHEREAS, The Treaty further provides (Article 23) that "the emblem of the Red Cross on a white ground and the words Red Cross or Geneva Cross can only be used whether in time of peace or war, to protect or designate sanitary formations and establishments, the personnel and material protected by this Convention," and

WHEREAS, The American National Red Cross comes under the regulations of this Treaty according to Article 10, "volunteer aid societies, duly recognised and authorised by their respective Governments," such recognition and authority having been conferred upon the American National Red Cross in the Charter granted by Congress, January 5, 1905, Sec. 2, "The corporation hereby created is designated as the organisation which is authorised to act in matters of relief under said Treaty," and, furthermore,

WHEREAS, In the Revised Treaty of Geneva, 1906, in Article 27, it is provided that "the signatory powers whose legislation should not now be adequate, engage to take or recommend to their legislatures such measures as may be necessary to prevent the use by private persons or by societies other than those upon which this Convention confers the right thereto of the emblem or name of the Red Cross or Geneva Cross,"

Be it Resolved, That the Executive Committee of the American National Red Cross requests that all hospitals, health departments and like institutions kindly desist from the use of the Red Cross created for the special purpose mentioned above, and suggests that for it should be substituted some other insignia, such as a green St. Andrew's Cross on a white ground, to be named the "Hospital Cross", and used to designate all hospitals (save such as are under the Medical Departments of the Army and Navy and the authorised volunteer aid society of the Government), all health departments and like institutions, and, further,

Be it Resolved, That the Executive Committee of the American National Red Cross likewise requests that all individuals or business firms and corporations who employ the Geneva Red Cross for business purposes, kindly desist from such use, gradually withdrawing its employment and substituting some other distinguishing mark.

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

All communications, whether of a literary or business nature, books for review and exchanges, should be addressed to the editor 238 DELAWARE AVE., BUFFALO, N. Y.

VOL. LXIII.

DECEMBER, 1907.

No. 5

The Army Medical Bill.

SHORTLY after the close of the Spanish war the JOURNAL began a campaign in the interests of the acting assistant surgeons of the medical department of the army with a view to securing official recognition for the men who gave their services and received merely relative rank as first lieutenants without actual standing as officers although they performed all the duties usually performed by a commissioned medical officer except as a member of courts martial. One of the suggestions made was the organisation of a medical reserve corps made up of acting assistant surgeons who served during the war and that they should be commissioned. The matter of forming a reserve corps of medical officers of experience has been provided for in the army medical reorganisation bill which is now before Congress and which has been persistently shoved back for two years now to make room for other bills, which in the opinion of the scientific politician who rules the House, were of more importance. There is a chance that the bill will be brought out of committee during the coming session and if it is, it will be acted upon favorably. It has received the approval of the Secretary of War and the President and yet, there is no certainty even now, that it will become a law this year unless the medical profession demands its passage. Just what the opposition consists of is hard to determine except it be the congenital disinclination on the part of the average political leader to do anything for medicine unless he happens to catch the eye of the gallery. This spirit is not confined to the distinguished speaker of the house by any means; although because he does possess it and has recently paraded it to the detriment of the medical department of the army, one of the most valuable and hardest worked branches of the government services, it shows up more conspicuously than

it does in purely local struggles for medical aid. In Buffalo, at the present time the hospitals are begging for an advance of the rate paid by the city and county for ward patients; they are on their knee before the supervisors and the councilmen asking for an even break. They are not asking a rate sufficient to keep a city patient a week at a profit; they are merely begging, and with astonishing and pathetic humility, for just enough to properly feed and care for the city's patients without pecuniary loss. And while the hospitals are begging with pleading voice, with institutional deficit staring them in the face, the authorities are throwing money into public buildings with a careless sort of air and jockeying with bids for expensive furnishings for armories with hardly more than a tentative suggestion of economy.

This comparison is drawn simply to show that the average politician has medical views of a more or less distorted character. The main difficulty is that the medical profession never occupies the gallery to which the politician looks for approval.

The army medical department bill as stated has been before Congress two years and it has been held up by the speaker of the House and by him alone. It is a most desirable bill and it ought to be passed. The medical department of the army is woefully lacking in numerical strength. Its entire available force is so occupied with the purely necessary work of the department that it is not possible for the surgeon general to furnish medical officers for the examination of recruits at recruiting stations. The result is that prospective soldiers are enlisted by retired line officers after a cursory examination, sent to rendezvous and there examined by a medical officer. It is safe to say that a large percentage of these recruits are rejected after a proper physical examination and the government loses just so much money paid out for the subsistence and transportation of the rejected soldier. That is one sample of the economy practised by the average politician. Were the bill now before Congress passed, the medical corps would be increased to meet the actual requirements of the service and in addition there would be established a medical reserve corps made up largely of men who have had experience as acting assistant surgeons; they would be commissioned first lieutenants and paid only when on actual duty. That would then do away forever with the anomalous, if not actually degrading, position now occupied by the contract surgeon which is even worse than that experienced by the acting assistant surgeon of the Spanish war. The latter at least was allowed to wear a uniform of the same kind worn by the commissioned officer, except that the collar ornaments and shoulder straps were of silver instead of gold.

When the title of acting assistant surgeon was abolished and the non-commissioned surgeon became officially a "contract surgeon" he was given permission, also officially, to wear a uniform but it was specified that he must wear on his collar the letters "C. S.," instead of the letters "U. S. A.," and the medical department cross permitted his more fortunate predecessor, the acting assistant surgeon who, while he did the work of a surgeon, was officially, so far as the average army officer was concerned, a sort of necessary hanger-on, because he was under contract; he did not have a commission. The commissioned medical officers of the army recognised his unenviable position and were his friends without exception. The facility with which the majority of acting assistant surgeons mastered the intricacies of the technical "paper work" of the army, the making of reports and official returns, is the best evidence that he had the friendship and assistance of the members of the army medical corps.

Surgeon General O'Reilly is a progressive man and the medical department has made great strides under his administration. He wants to see the bill passed, because it will make it possible for him to build up a medical corps which for efficiency and preparedness will be second to none in the world.

The medical profession can materially assist in forcing the bill forward. The JOURNAL can say positively that if it comes to a vote it will be passed and a great service done the country by giving the Surgeon General of the Army an efficient medical corps of sufficient numerical strength.

Every medical man should write to his congressman a personal letter requesting him to make a personal effort to bring the army medical bill before the House for action. Then the average politician who controls the destinies of bills may hear the voice of the gallery.

ELSEWHERE is published a synopsis of the meeting of the Military Surgeons of the United States at Jamestown, Va. The meeting was one of the most interesting ever held and action was taken on several matters of more than ordinary importance, one of which was the passage of a resolution looking to the commissioning of the acting assistant surgeons who served during the Spanish-American war and their discharge from the service the day following the date of the commission. This will establish the standing of a class of medical officers who did splendid service during the war and who occupied the anomalous position of being officers without rank or standing. The appointment of Dr. J. Carlisle DeVries as assistant secretary to aid Major James Evelyn Pilcher, the efficient and hard-working secretary of the

Association, is a recognition of the excellent work Dr. DeVries has done in the past few years in aiding Dr. Pilcher to get together material for the programs. The Military Surgeons Association is a strong body and its influence will be felt in congress when legislation affecting the medical services of the United States is pending.

A STATUE of the late Dr. Joseph Leidy, of Philadelphia, recognised as one of the most distinguished American scientists of the last century, was unveiled October 30, 1907, on the west plaza of City Hall. As president of the Academy of Natural Science, professor of human and comparative anatomy and zoology in the University of Pennsylvania and president of the Wagner Free Institute of Science, Dr. Leidy added immeasurably to the position these institutions hold in the world of science. He was born in Philadelphia in 1823 and died in 1891.

A CERTIFICATE of incorporation was filed November 1, 1907, with the Secretary of State at Albany, for the Russell Sage Institute of Pathology of New York City. Its objects are stated to be the encouragement of scientific research in lines of medicine and pathology, the investigation of the diseases and infirmities of advanced life and the maintenance of laboratories for these purposes. The directors are Edward G. Janeway, Theodore C. Janeway, D. Bryson Delavan, Simon Flexner and Graham Lusk, all of New York. The Institute will act as pathologist to the City Hospital and City Home on Blackwell's Island. Mrs. Sage made a special gift of \$300,000 for the endowment of the institute last June, but it was not incorporated until the date above mentioned owing to the absence of several of the directors in Europe.

PERSONAL.

DR. NELSON W. WILSON, late U.S.A., has been appointed a member of the literary committee of the Association of Military Surgeons of the United States.

DRS. WILLIAM L. AND FREDERICK J. PARMENTER, of Buffalo, have changed their residence from 931 Prospect Avenue to 616 Potomac Avenue, between Elmwood Avenue and Bidwell Parkway.

DR. F. PARK LEWIS, one of the distinguished ophthalmologists of Buffalo, was elected president of the Libera Club at its first session held this season November 22, 1907.

DR. JAMES J. MOONEY, of Buffalo, has removed from 392 Seventh Street to 490 Delaware Avenue, between Virginia and Allen Streets. His practice is limited to diseases of the ear, nose, and throat.

DR. HERMAN D. ANDREWS, of Buffalo, has established his offices at The Colonial, 399 Delaware Avenue, where he will continue the practice of his specialty—ophthalmology. Hours: 9 to 1. Telephones: Bell, Tupper 501; Frontier, 2375.

DR. LEWIS S. MCMURTRY AND DR. J. GARLAND SHERILL, of Louisville, have removed their offices from Masonic Temple to the Atherton Building, Suite 610, corner of Fourth Avenue and Chestnut Street. Hours: 11 to 1. Telephones: Cumberland Main 4100; Home 1700.

DR. FLOYD S. CREGO, 503 Delaware Avenue, Buffalo., announces change in office hours as follows: 9 to 10 A.M., 2 to 4 P.M. Evenings by appointment. Both phones. His specialty is nervous and mental diseases.

DR. THOMAS D. STRONG, of Westfield, N. Y., celebrated his eighty-fifth birthday Friday, November 22, 1907. The medical profession of Chautauqua escorted him to Mayville, where a dinner was tendered him.

SOCIETY MEETINGS.

THE sixteenth annual meeting of the Association of Military Surgeons was held at the Jamestown Exposition, Norfolk, Va., October 15-18, 1907, and was one of the most interesting in the history of the association.

The Enno Sander prize medal was won by Major Charles Lynch, U. S. A., who is well-known in Buffalo having served for a time as surgeon at Fort Porter. The second prize, a life membership in the association, was awarded Major Henry I. Raymond, who also was stationed at Fort Porter, for a time subsequent to the Spanish war. The subject of the competition was: "What is the most effective organisation of the American National Red Cross for war and what should be its relations with the medical departments of the army and navy?" Dr. Lynch's paper is published in the current issue of the Military Surgeon and is a most able essay.

The public meeting was held under the chairmanship of Surgeon Charles Poindexter Wertenbaker, P.H. and M.H.S. The

response to the address of welcome was made by Lieutenant Colonel A. H. Briggs, N.G.N.Y., of Buffalo, after which Major James Evelyn Pilcher, secretary of the association and editor of the *Military Surgeon*, installed the foreign delegates as corresponding members and decorated them with the beautiful insignia of the association. His address of welcome to the delegates was brimming with felicitations and scintillating with wit. These delegates were decorated: Major Carlos Amezcua, Mexico; Colonel Ramon Bengoechea, Guatamala; Colonel Ho Shou-jen, Expectant Prefect, Chinese army; Lieutenant-Colonel William B. Leishman, Royal Army medical corps; Lieutenant-Colonel Murray Maclaren, Canadian A.M.S.; Major Arthur Henry Moorehead, Indian medical service; Major Lorenzo Bonomo, Italian army.

The papers read were of practical value and covered all phases of military medicine. Among the most interesting were: "A practical portable x-ray equipment for army field-service," by Major John A. Metzger, U.S.V.; "The effects of the sun and of artificial heat," Dr. Harold D. Corbusier, late U.S.A.; "The phychic phenomena of intestinal toxemias and their treatment," by Captain J. Carlisle DeVries, N.G.N.Y.; "The conquests of preventive medicine," by Major Louis L. Seaman; "Tumor of the brain simulating gumma," by Captain Louis T. Hess, U.S.A.

A resolution was passed calling upon congress to pass the army medical reorganisation bill and pointing out the dangers of delay. The following resolution, concerning the acting assistant surgeons and the contract surgeons was unanimously passed:

WHEREAS, the Acting Assistant Surgeons and Contract Surgeons who have served in the United States Army, although they were engaged in the same services, endured the same privations and hardships and suffered the same diseases and injuries as the enlisted and commissioned forces of the United States Army, have no legal standing as such.

Resolved, that this Association recommends to Congress that in simple justice legislation be enacted to authorise the President of the United States to commission every Acting Assistant Surgeon or Contract Surgeon who served during the Spanish-American War or the subsequent Philippine hostilities, as a First Lieutenant in the United States Army and muster him out of the service the following day.

Major Pilcher made an eloquent plea for recognition of the contract surgeons, and called attention to the fact that these men by reason of their unofficial positions were ineligible for membership in the majority of patriotic societies.

The election of officers resulted as follows: President, Asst. Surg. Gen. George Tully Vaughan, P.H., and M.H.S., Washington, D.C.; first vice president, Rear Admiral

Presley M. Rixey, U.S.N., Washington, D.C.; second vice-president, Colonel Joseph K. Weaver, N.G. Pa., Norristown, Pennsylvania; third vice president, Colonel William C. Gorgas, U.S.A., Ancon, Canal Zone, Panama; secretary, Major James Evelyn Pilcher, U.S.V., Carlisle, Pennsylvania; treasurer, Major Herbert A. Arnold, N.G. Pa., Ardmore, Pennsylvania; assistant secretary, Captain J. Carlisle DeVries, N.G.N.Y., The Glen Springs, Watkins Glen, N.Y.

Advisory board, Hon. V. H. Metcalf, secretary of navy; Hon. G. B. Cortelyou, secretary of treasury; Rear Admiral P. M. Rixey, U.S.N.; Hon. Wm. H. Taft, secretary of war; Gen. Robert M. O'Reilly, U.S.A.; Gen. Walter Wyman, P.H. and M.H.S.

Executive council, Med. Dir. Manley H. Simons, U.S.N.; Major Jefferson R. Kean, U.S.A.; Lt. Col. Homer I. Jones, Ind. N.G.; Captain Myles Standish, M.V.M.; Major Thomas C. Clark, Minn. N.G.; Asst. Surg. Gen. John W. Kerr, P.H. and M.H.S.; in conjunction with the ex-presidents, ex-officio, viz.: Col. Nicholas Senn, Ill. N.G.; Brig. Gen. J. D. Griffith, N.G. Mo.; Brig. Gen. A. J. Stone, Minn. N. G.; Maj. Gen. Robert Allen Blood, M.V.M.; Lt. Col. Albert H. Briggs, N.G.N.Y.; Brig. Gen. Geo. M. Sternberg, U.S.A.; Colonel John Van R. Hoff, U.S.A.; Medical Director John C. Wise, U.S.N.; Surg. Gen. Walter Wyman, P.H. and M.H.S.; Colonel Valery Havard, U.S.A.

The announcement of the appointment of the following committees closed the business of the association.

Literary committee, Major W. Fitzhugh Carter, U.S.A., Fort Monroe, Va.; Capt Jesse Rowe, I.N.G.; Captain J. Carlisle DeVries, N.G.N.Y.; Surg. William Hemphill Bell, U.S.N.; Dr. Nelson W. Wilson, U.S.A.; Passed Asst. Surg. Wm. C. Rucker, P.H. and M.H.S. Publication committee, Major Jamse Evelyn Pilcher, U.S.V., Carlisle, P.; A. A. Surg. Wm. H. Marsh, P.H. and M.H.S. Lieut. Col. Charles Adams, Illinois, N.G. Necrology committee, Major Samuel Cecil Stanton, Ill. N.G., 1040 Sheridan Road, Chicago, Ill.; Surgeon F. L. Pleadwell, U.S.N.; Lieut. David Munson Trecartin, C.N.G. Public service medical school committee, Surgeon Charles P. Wertenbaker, P.H. and M.H.S., Norfolk, Va.; Major Charles Lynch, U.S.A.; Med. Insp. Henry G. Beyer, U.S.N.; Major Buell S. Rogers, I.N.G. Committee on legislation, Major Trevanian V. Dupuy, O.N.G., Irontown, Ohio; Lt. Col. Julius F. Henkel, Mich. N.G.; Med. Insp. Samuel H. Dickson, U.S.N.; Major Junius F. Lynch, Va. Vols.; Lt. Col. Nathan S. Jarvis, N.G.N.Y.; Brig. Gen. William H. Devine, M.V.M.; Col. Henry Bacon, Fla. N.G.; Lt. Col. Wilbur S. Watson, Conn. N.G.; Major David S. Fairchild, Iowa, N.G.; Major W. D. McCaw, U.S.A.; Major Henry Allers, N.G.N.J.

The social side of the meeting was most enjoyable. There were receptions almost without number; trips to Fort Monroe, trips on the revenue cutter, Pimlico, and a visit to the man-o-war, Brooklyn.

THE Southern Surgical and Gynecological Association will hold its next annual meeting at the St. Charles Hotel, New Orleans, December 17, 18, and 19, 1907, under the presidency of Dr. Howard A. Kelly, of Baltimore. Dr. W. D. Haggard, of Nashville, is the secretary and Dr. Denegre Martin, of New Orleans, is the chairman of the committee of arrangements. It is announced that the railroads have declared a return rate of one and one-third fare on the certificate plan. A special rate has been arranged with the proprietors of the St. Charles Hotel.

THE Buffalo Academy of Medicine held meetings during the months of October and November as follows:

Section on Surgery.—Tuesday evening, October 1. Program:

(a) Report of case of cerebral tumor simulating gumma and exhibits of blood specimens of various types of malaria found in the Philippines, Captain L. T. Hess, M. D., Fort Porter; (b) Traumatic paralysis of the third nerve, with report of case, Lee Masten Francis; (c) Intestinal obstruction, with report of cases, J. B. Young.

Section on Pathology.—A Stated Meeting was held Tuesday evening, October 15. Program (a) The viability of the typhoid bacillus under normal conditions, H. D. Pease, Albany, N. Y.; (b) Multiple epitheliomatosis; report of case, A. E. Woehnert.

Section on Obstetrics and Gynecology.—Tuesday evening, October 22. Program: (a) Lithopedion,—with report of cases, Herman E. Hayd; (b) Our friend the enemy, T. H. McKee.

Section on Medicine.—Tuesday evening, October 29. Program: Complications of Typhoid, DeLancey Rochester.

Section on Surgery.—Wednesday evening, November 6. Program: Report of case of foreign body removed from the bladder with operating cystoscope, David E. Wheeler; (a) facial-hypoglossal anastomosis, with illustrations on the cadaver, Geo. F. Cott; (b) vesicular diseases, Nelson W. Wilson.

Section on Medicine.—Tuesday evening, November 12. Program: Care of infant during first week of life, Dewitt H. Sherman; recurrent empyema, J. H. Pryor.

Section on Pathology.—Tuesday evening, November 19. Program: The shape and relations of the stomach; demonstrations of specimens, Professor A. T. Kerr, Professor of Anatomy, Medical Dept., Cornell University, Ithaca. N. Y.

BOOKS AND AUTHORS.

Medical Jurisprudence, Forensic Medicine, and Toxicology. By R. A. Witthaus, A.M., M.D., Professor of Chemistry, Physics and Toxicology in Cornell University; and Tracy C. Becker, A.B., LL.B., Professor of Criminal Law and Medical Jurisprudence in the University of Buffalo. Second edition. Vol. II. Octavo, pp. vii-1008. New York: William Wood & Co. 1907. (Muslin, \$6.00; law sheep, \$7.00, net prices).

This volume continues the subject of forensic medicine, in which the medical-legal consideration of wounds is taken up by George Woolsey; the medico-legal consideration of gunshot wounds is discussed by Roswell Park; the medico-legal relations of electricity are dealt with by W. N. Bullard; the medico-legal consideration of death from mechanical suffocation is set forth by D. S. Lamb; death from submersion is handled by Irving C. Rosse. The determination of survivorship from a legal standpoint is considered by Tracy C. Becker, and from a medical standpoint by John Parmenter.

Forensic medicine of a bio-thanological character begins with a consideration of abortion and infanticide, by J. Chalmers Cameron; then Mr. Becker, himself, discourses as to when medical examination of the living is permitted or required by courts of law. Pregnancy, labor, and the puerperal state is the subject of a section by J. Clifton Edgar; sexual incapacity is discussed by Irving C. Rosse; rape forms the title of a chapter written jointly by J. Clifton Edgar and J. C. Johnston; unnatural crimes are discoursed upon by Rosse, and railway injuries furnishes the closing theme which is written by W. B. Outten.

The comprehensiveness of this work together with the minutiae of detail and voluminous references make it of the utmost value to every legal or medical student of jurisprudence. No lawyer can afford to do without it nor should any physician who goes into the courts fail to possess it.

A Manual of Personal Hygiene. By eminent specialists. Edited by Walter L. Pyle, M.D., Assistant Surgeon to the Wills Eye Hospital, Philadelphia. Third edition. 12mo of 451 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. (Cloth, \$1.50 net.)

The favorable comments made by the JOURNAL on the first edition of this book were justified, we may assume, by the demand

for subsequent editions within comparatively short intervals. A somewhat extended and careful examination of this edition confirms our previous judgment, and tempts us to say that it is a book that should be found in the library of every well-bred or intelligent family. It is not a book for physicians, though they may obtain many valuable hints from its pages, but in particular it is for the laity. It tells the average man or woman how to keep well by intelligent care of the body.

The first section of the book deals with the hygiene of the digestive apparatus, and is written by Professor Charles G. Stockton, of Buffalo. It is one of the more important subjects in the manual and is placed very properly at the beginning. No more competent person could have been selected for this topic than Dr. Stockton whose skill in the management of diseases of the alimentary tract is known far and wide.

The sections on physical exercise and domestic hygiene deserve careful study by people in general, and by those whose bodies and homes are out of condition in particular.

A number of illustrations serve to elucidate the text in a telling manner. We could wish that physicians would advise families whom they serve, to obtain and carefully read this splendid book from cover to cover. It would be one of the most effective ways, in our view, in which to exercise their most important function,—that of the prevention of disease.

Surgical Diagnosis. By **Daniel N. Eisendrath**, M.D., Adjunct Professor of Surgery in the Medical Department of the University of Illinois (College of Physicians and Surgeons). Octavo of 775 pages, with 482 original illustrations, 15 in colors. Philadelphia and London: W. B. Saunders Company, 1907. (Cloth, \$6.50 net; half morocco, \$8.00 net.)

A good reason exists for the creation of this book, which is more than can be said of every work that is presented to the medical profession for its approval. Surgical diagnosis is even more important than medical, and no good reason can be offered against discussing it in a separate treatise, as has been done by several authors in the field of medical diseases. Eisendrath is well fitted for the task he has undertaken, being an excellent anatomist first, a skilful surgeon next, and a clinician last, while to these qualifications may be added those of a teacher of thoroughness and an author of accomplishment.

The arrangement of topics is made according to the author's own plans, differing from the usual manner in that diseases and injuries are grouped as considered when examination is made for diagnosis. We can see great advantage in considering together the injuries and diseases of each region or cavity of the body; especially does it facilitate clinical study for diagnostic purposes. So, also, does it materially aid in the differentiation of maladies or injuries which present many symptoms in common.

The discreet surgical teacher nowadays recognises the value of illustrations and this author has displayed good judgment in this regard, not only in the number but also in the quality of the engravings he has employed. As a final remark we asseverate that this is a treatise which no surgeon can afford to do without, while every general practitioner will find it a useful aid in his daily work.

The Medical Record Visiting List or Physicians' Diary for 1908. New Revised Edition. New York: William Wood & Company, Medical Publishers, 1908.

Year after year, with the regularity of the cycles, this splendid physicians' dairy is issued and becomes available for the convenience of physicians everywhere throughout the country. Its contents are elaborate and embrace the following: Calendar, estimation of the probable duration of pregnancy, approximate equivalents of temperature, weight, capacity, measure, etc., maximum adult doses by the mouth, in apothecaries' and decimal measures, drops in a fluid drachm, solutions for subcutaneous injection, solutions in water for automisation and inhalation, miscellaneous facts, emergencies, surgical antisepsis, disinfection, dentition, table of signs, visiting list with special memoranda, consultation practice, obstetric engagements, record of obstetrical practice, record of vaccination, register of deaths, nurses' addresses, addresses of patients and others, cash account.

The prices of regular lists are for 60 patients a week, with or without dates, handsomely selected red or black, morocco binding, \$1.50; 30 patients a week, with or without dates, same style, \$1.25; also a few special 90 patients lists, \$2.00.

Among the novelties are published also visiting lists fitted into genuine seal and calf skin wallets, making most elegant books. The lists proper are in two books of six months each, and are removable from the wallets. They are thus much less bulky for the pocket, and are also economical inasmuch as the leather covers may be made to do service for several years. It is difficult to imagine a more useful book than this especially in such compact form, and for so reasonable a price.

The Practitioners' Visiting List for 1908. An invaluable pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly and 30-Patient Perpetual contain 32 pages of data and 160 pages of classified blanks. The 60-Patient Perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil and rubber, and calendar for two years. Price by mail, postpaid, to any address, \$1.25. Thumb-letter index, 25 cents extra. Descriptive circular showing the several styles sent on request. Lea Brothers & Co., Publishers, Philadelphia and New York.

The foregoing description of this beautiful visiting list is so complete as to leave little to add. We may say, however, that

we have rarely seen so useful or handsome a book for the purpose intended.

It contains among other valuable information a scheme of den-tition; table of weights and measures and comparative scales; instructions for examining the urine; diagnostic table of eruptive fevers; incompatibles, poisons and antidotes; directions for effecting artificial respiration; extensive table of doses; an alphabetical table of diseases and their remedies, and directions for ligation of arteries. The record portion contains ruled blanks of various kinds, adapted for noting all details of practice and professional business.

The book is printed on fine, tough paper suitable for either pen or pencil, and bound with the utmost strength in handsome grained leather, and is sold at the lowest price compatible with perfection in every detail. It is one of the time-savers that no physician in active practice can afford to do without.

A Manual of the Diagnosis and Treatment of the Diseases of the Eye.

By **Edward Jackson, M.D.**, Professor of Ophthalmology in the University of Colorado. Second edition. 12mo of 615 pages with 182 text-illustrations and 2 colored plates. Philadelphia and London: W. B. Saunders Company, 1907. (Cloth, \$2.50 net.)

To those acquainted with Professor Jackson's skill as an ophthalmologist very little need be said concerning this manual, which became so well and favorably known through its first edition. We thought then it was one of the best books of its class published up to that time. Some years, however, have passed since that time, and necessarily changes in teaching and practice have occurred. The author has incorporated all such that seemed of value, while avoiding those which only offered temporary attraction and bid fair to disappear completely after a little brief existence.

The newer methods of diagnosis that have been incorporated in this edition makes a somewhat lengthy list, yet the size of the book remains nearly the same, some eliminations and condensations having taken place. The illustrations are excellent and the text is full of practical instruction. It furnishes the student with a superb medium for acquiring that kind of instruction so needful at the outset of his studies in this field, while the general practitioner will find it most admirably adapted to his needs as a guide and reference book.

A Textbook of Materia Medica for Nurses. Including Therapeutics and Toxicology. By **George P. Paul, M.D.**, Assistant Visiting Physician and Adjunct Radiographer to the Samaritan Hospital, Troy, N. Y. 12mo of 240 pages. Philadelphia and London: W. B. Saunders Company, 1907. (Cloth, \$1.50 net.)

To prepare a suitable book on this subject for nurses is not an easy task. Such an author must have had an experience, if not in teaching nurses, at least in directing them in the clinic. There

is much to put into such a book and something to leave out, to be sure, and he is a fortunate author who makes no mistake on either side of this arbitrary line. We are pleased to observe that Paul has used excellent judgment both in what he has included in this book and in what he has omitted.

The material is arranged in six parts, the first consisting of general considerations; the second dealing with general materia medica, therapeutics and toxicology; the third describing drugs of minor importance; the fourth presenting the newer medicinal agents; the fifth offering practical therapeutics; while the sixth is an addendum giving the strength of drug preparations, synonyms, and weights and measures.

Each of these subdivisions possesses an importance peculiar to itself, and all are welded into a homogenous whole with skill and effectiveness. The definitions are concise yet adequate. The entire book betrays a care in preparation that is especially commendable in these days of hurry and hustle, which oftentimes provoke inaccuracy not only of expression but sometimes also misstatement of facts. No nurse who studies this book carefully will ever regret it.

The Essentials of Histology, Descriptive and Practical. By **Edward A. Schafer**, F.R.S., Professor of Physiology in University College, London. Seventh edition. Octavo, 507 pages, with 552 illustrations. Lea Brothers and Co., Philadelphia and New York, 1907. (Cloth, \$3.50, net).

The student and practitioner will find in this volume, written by the Professor of Physiology of the University of Edinburgh, which is sold for \$3.50 and of a size that can be conveniently carried in the pocket, over five hundred pages of the very best matter.

The illustrations are numerous and excellent, the greater portion of them colored, so as to show their actual appearance in stained preparations. The text is clear and refers directly to the cuts which are closely associated with the reading matter.

Lea Bros. & Co., deserve much credit for the perfect work of their printer.

The book is free from laborious and stilted explanation, while its English is clear and without flaw.

The terms employed are those that have been accepted by modern histologists, and we are thankful for the omission of those fanciful and far fetched descriptive terms that only serve to burden the memory and confound the understanding.

The latest knowledge upon the various topics is comprised in the fifty studies that make up the volume and the recent discoveries are all included. That portion treating upon the nervous system contains all that is new and useful with the clearest of explanatory text.

The book contains, so concisely is it written, much more information than many volumes of three times its size and price

and will be welcomed by the student as well as by the practitioner who wishes to be abreast of the times. It will be some time before a textbook or work of reference upon this subject will equal, much more excel it.

L. H. S.

Modern Surgery: General and Operative. By **J. Chalmers DaCosta**, M.D., Professor of the Principles of Surgery and of Clinical Surgery in the Jefferson Medical College, Philadelphia. Fifth edition. Octavo, 1283 pages, with 872 illustrations, some in colors. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, \$5.50; half morocco, \$7.00 net prices.)

Like most authors who write a popular work on surgery, DaCosta has kept this treatise abreast of the times through frequent revisions. This edition gives evidence that the author has gone over the book with care, changing much of the old text, correcting and expanding it here and there and adding considerable new material until now it presents one of the most complete and useful single volumes on surgery that has been issued in this country. The number of sections in which changes have been made is twenty; and new material has been added to the number of thirty topics; also, many new illustrations have been incorporated.

DaCosta writes in epigrams that are remarkable for clearness and forceful truths. Scarcely a word is wasted in the entire volume, the result being that vast information is presented in the 1,300 pages that comprise the book.

The practical surgeon is portrayed in every chapter of this work, hence very little time is taken up with theories. It is doubtful if a better treatise on surgery exists in English today, and it is quite certain that as a textbook for both student and practitioner it is not excelled.

Transactions of the American Dermatological Association at its thirtieth annual meeting held at Cleveland, May 31, June 1, 2, 1906. **Grover W. Wende**, M.D., Secretary.

The transactions of this association, one of the oldest of the national special medical societies, always possess great interest for the specialist, while much of the material may be utilised by the general practitioner of medicine. This volume is no exception to the rule in these respects, and there are some features of the book that we have not seen heretofore incorporated in medical society transactions. Dr. Grover W. Wende, the secretary, who also is editor of the transactions, has added a list of photographs exhibited by the members, together with statistical returns for the year 1905, and a list of publications by the members for the year ending June 1, 1906. On the third day of the meeting a clinical session was held at the Lakeside Hospital, Cleveland, during which numerous interesting cases were shown and discussed. Dr. Wende

himself presented a paper at the Cleveland meeting, reporting a case of infectious dermatitis gangrenosa. This unusual case is described at length in its clinical aspects, and the postmortem findings, too, are given in detail. A photograph of great clearness accompanies the report. This excellent volume deserves to be bound in cloth,—paper covers are poor preservatives of such good literature.

The Care of the Baby. By **J. P. Crozer Griffith**, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Fourth edition. 12mo of 455 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. (Cloth, \$1.50 net.)

It is little wonder that this book is in its fourth edition. All in all it is doubtful if a better on the baby has ever been written. It tells the whole story with a clearness of diction that is praiseworthy and, besides, it has an underlying vein of common sense in every chapter, paragraph and sentence. Every woman about to become a mother can learn much she needs to know by a careful study of the first chapter, and after the baby comes she assuredly has a fund of information before her, that will serve as a guide in the care of her offspring from infancy to youth.

The author has carefully avoided the discussion of doubtful problems, hence gives conservative advice on infant feeding. It is often a difficult question to determine, but Griffith handles it with discretion. We commend the book most heartily and wish that every mother capable of appreciating its contents could be induced to obtain it and be guided by its teachings.

Report of the Commissioner of Education for the year ending June 30, 1905. Vols. 1 and 2. Washington: Government Printing Office.

This report, embracing two standard octavo volumes is much decreased in size from previous reports, owing to the limitation of the appropriation for its publication, the amount being more than one-third less than formerly. It shows a decrease in the number of medical students of the country of 1,114 from that of the previous year, the total 25,835, being smaller than the number in any one of the preceding four years.

As usual these volumes are replete with valuable information for educators, and show a vast labor in their preparation.

A Practician's Hand-Book of Materia Medica and Therapeutics, based upon established physiologic actions and the indications in small doses. By **Thomas S. Blair**, M.D. 250 pages, net. Published by The Medical Council, Philadelphia, Pa. (Price, \$2.00.)

The author says this is an "exhortation," and we are inclined to think that he is right about it. We were in doubt where to place it until we discovered the author's own classification. How-

ever, it contains much valuable information about drugs and doses not easily found elsewhere, presented in excellent form, and with considerable acumen. It is one of the curiosities of drug literature and as such no doubt will prove entertaining to many readers.

Atlas and Epitome of Diseases of Children. By **Dr. R. Hecker** and **Dr. J. Trumpp**, of Munich. Edited, with additions, by **Isaac A. Abt**, M.D., Assistant Professor of the Diseases of Children in Rush Medical College (University of Chicago). With 48 colored plates, 147 black and white illustrations, and 453 pages of text. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, \$5.00 net.)

If proof were needed of the value of these Atlases the searcher would only find it necessary to examine this volume with care to settle the question. Rarely have we seen such beautiful plates, while many of the illustrations in the text are superb and all are excellent.

The junior practitioner can learn nearly as much from a careful study of this work as he can in the clinic, and we advise all such straightway to put themselves in possession of it. Skill in the treatment of diseases of children is not easily acquired, but this book will aid most satisfactorily in obtaining the requisite knowledge upon which success in this field can be predicated.

The American Pocket Medical Dictionary. Edited by **W. A. Newman Dorland**, M.D., editor "The American Illustrated Medical Dictionary." Fifth revised edition. 32mo, 574 pages. Philadelphia and London: W. B. Saunders Company. (Flexible morocco, gold edges, \$1.00 net; thumb indexed, \$1.25 net.)

A good small dictionary like this one is a convenience for a physician's office table one, we may be pardoned for saying, which he should always keep at hand. It is a time-saver, often filling a place for reference that answers quite as well as to take the trouble to consult a larger book. Dorland has constructed this edition on lines it would be difficult to improve upon. The words to be defined are in heavy-faced type while the definitions themselves are printed in sufficiently plain type to make it easy for even old eyes to read. The vocabulary is of wide range, adapted to the ordinary necessities of every-day use. The wonder is that so much of practical utility in the way of a word book has been put into such compact form. The book, too, in its make-up is a work of art.

Twenty-sixth Annual Report of the State Department of Health of New York for the year ending December 31, 1905. Albany: Brandow Printing Co.

These annual reports contain material of great value to sanitarians and public health officers. This one, especially, is fraught with interest containing as it does the address delivered at the fifth sanitary conference of the sanitary officers of the state. The dis-

cussion relating to water supplies in various parts of the state is always important, and so, too, is the account of what is doing in regard to sewers and sewage. If more study was given to these reports it would be better for the people.

BOOKS RECEIVED.

Symptomatology and Diagnosis of Disorders of Respiration and Circulation. By Prof. Edmund von Neusser, M.D., Professor of the Second Medical Clinic, Vienna. Authorised English Translation by Andrew MacFarlane, M.D., Professor of Medical Jurisprudence and Physical Diagnosis, Albany Medical College. Part I. Dyspnea and Cyanosis. 12mo, pp. 203. New York: E. B. Treat & Co. (Cloth, \$1.50.)

The Commoner Diseases of the Eye. By Casey A. Wood, M.D., Professor of Ophthalmology, Northwestern University, Chicago, and Thomas A. Woodruff, M.D., Ophthalmic Surgeon, St. Luke's Hospital, Chicago. 12mo, pp. 598. Illustrated. Third edition. Chicago: W. T. Keener & Co. (Cloth, \$2.50.)

Syphilis in the Army. By Major H. C. French, Royal Army Medical Corps. Small 8 vo, pp. 134. London: John Bale, Sons & Danielsson. (Cloth, \$1.50 net.)

Transactions of the American Otological Society. Fortieth annual meeting held at the Hotel Arlington, Washington, D. C., May 7 and 8, 1907. Vol. X, Part III. F. L. Jack, M.D., Secretary.

Blood Stains. Their Detection and the Determination of their Source. By Major W. D. Sutherland, M.D., of His Majesty's Indian Medical Service. Small octavo, pp. 167. Illustrated. New York: William Wood & Co.

Transactions of the American Surgical Association. Vol. XXV. Edited by Richard H. Harte, M.D., Recorder of the Association.

Modern Clinical Medicine. Vol. IV. Diseases of the Nervous System. Edited by Archibald Church, M.D., Professor of Nervous and Mental Diseases and Medical Jurisprudence in the Northwestern University Medical Department, Chicago. Authorised translation from "Die Deutsche Klinik" under the general editorial supervision of Julius I. Salinger, M.D. Octavo, pp. 1226. Illustrated. New York and London: D. Appleton & Co. (Cloth, \$7.00.)

Heart Disease and Blood Pressure. By Louis Faugeres Bishop, A.M., M.D., Clinical Professor of Heart and Circulatory Diseases, Fordham University, New York. Second edition. 12mo. pp. 120. New York: E. B. Treat & Company. (\$1.00.)

A Manual of the Practice of Medicine. By A. A. Stevens, A.M., M.D., Professor of Therapeutics and Clinical Medicine in the Woman's Medical College of Pennsylvania. Eighth Edition. 12mo of 558 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. (Flexible Leather, \$2.50 net.)

The Operating Room and the Patient. By Russell S. Fowler, M.D., Professor of Surgery, Brooklyn Postgraduate Medical School, Brooklyn. Second edition. Octavo, 284 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1907. (Cloth, \$2.00 net.)

Principles and Practice of Modern Otology. By John F. Barnhill, M.D., Professor of Otology, Laryngology and Rhinology in Indiana University School of Medicine, and Ernest deWolfe Wales, B.S., M.D., Associate Professor of Otology, Laryngology and Rhinology in Indiana University Medical School. Octavo, pp. 575. Illustrated. W. B. Saunders Co. (Cloth, \$5.50.)

Kirkes' Handbook of Physiology. Sixth American Edition. Revised by Charles Wilson Greene, A.M., Ph.D., Professor of Physiology and Pharmacology in the University of Missouri. Octavo, pp. 723. Illustrated. New York: William Wood & Co. (Cloth, \$3.00.)

A Textbook of Pathology. By Francis Delafield, M.D., LL.D., and T. Mitchell Prudden, M.D., LL.D. Eighth Edition. Octavo, 1,075 pages, illustrated by thirteen full-page plates in black and chromolithography, and by six hundred and fifty line and half-tone cuts in the text, in black and various colors. Wm. Wood & Co., New York. (Extra muslin, \$5.50; leather, \$6.50, net prices.)

A Handbook of Cutaneous Therapeutics. By W. A. Hardaway, A.M., M.D., Professor of Diseases of the Skin and Syphilis, and Joseph Grindon, Ph.B., M.D., Professor of Clinical Dermatology and Syphilis in Washington University, St. Louis. 12mo, 606 pages. Lea Brothers & Co., Philadelphia and New York, 1907. (Cloth, \$2.75, net.)

A Textbook of Physiology. By Isaac Ott, A.M., M.D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia. Second Edition. Illustrated with 393 Half-tone Engravings, many in colors. Royal octavo, 815 pages. F. A. Davis Company, Philadelphia. (Cloth, \$3.50 net.)

A Textbook of the Practice of Medicine. By James M. Anders, M.D., Ph.D., LL.D., Professor of the Theory and Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. Eighth Edition. Octavo of 1317 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1907. (Cloth, \$5.50; half morocco, \$7.00 net prices.)

A Treatise on Diseases of the Skin. For the Use of Advanced Students and Practitioners. By Henry W. Stelwagon, M.D., Ph.D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Fifth Edition. Octavo of 1,150 pages, with 267 text-illustrations, and 34 full-page colored and half-tone plates. Philadelphia and London: W. B. Saunders Company, 1907. (Cloth, \$6.00; half morocco, \$7.50 net prices.)

The Internal Secretions and the Principles of Medicine. By Charles E. de M. Sajous, M.D., Fellow of the College of Physicians of Philadelphia. Volume II. Octavo, pp. 1099. With 25 illustrations. Philadelphia: F. A. Davis Company. 1907.

The Medical Directory of New York, New Jersey and Connecticut. Published by the Medical Society of the State of New York. Volume IX. 1907.

Transactions of the Twenty-ninth annual meeting of the American Laryngological Association held at Washington, D. C., May 7, 8, and 9, 1907. J. E. Newcomb, M.D., Secretary.

Hospital Training School Methods and the Head Nurse. By

Charlotte A. Aitkens, late Director of Sibley Memorial Hospital, Washington, D. C. 12 mo. pp. 267. Philadelphia and London: W. B. Saunders Co. (Cloth, \$1.50).

Transactions of the Section on Obstetrics and Diseases of Women of the American Medical Association at the fifty-eighth annual session held at Atlantic City, N. J., June 4-7, 1907. W. P. Manton, M.D., Secretary.

Surgical Applied Anatomy. By Sir Frederick Treves, F.R.C.S., Sergeant-Surgeon to H.M. the King, Late Lecturer on Anatomy at the London Hospital. New (5th) edition, thoroughly revised. Pocket size 12mo, 640 pages, 107 illustrations, of which 41 are in colors. Lea Brothers & Co., Philadelphia and New York. 1907. (Cloth, red edges, \$2.25, net).

A Textbook of Practical Gynecology. For practitioner and students. By D. Tod Gilliam, M.D., Emeritus Professor of Gynecology in Starling-Ohio Medical College; Gynecologist to St. Anthony and St. Francis Hospitals. Second Revised Edition. Illustrated with 350 engravings, a colored frontispiece, and 13 full-page half-tone plates. 642 royal octavo pages. Sold only by subscription. F. A. Davis Company, Philadelphia. (Extra, cloth, \$4.50, net; half-morocco, gilt-top, \$6.00. net).

The Treatment of Fractures: With notes upon a few common dislocations. By Chas. L. Scudder, M.D., surgeon to the Massachusetts General Hospital. Sixth edition, revised and enlarged. Octavo volume of 635 pages, with 854 original illustrations. Philadelphia and London: W. B. Saunders Company, 1907. (Polished buckram, \$5.50; half-morocco, \$7.00 net prices.)

LITERARY NOTE.

J. H. CHAMBERS & Co., Publishers, St. Louis, Missouri. Visiting and pocket reference book (perpetual), for the year 1908. It has been revised and enlarged, is handsomely vellum bound, with lapel, price 50c. Convenient to carry in the pocket; containing 128 printed and blank pages. The publishers will mail copy postpaid on receipt of 24-2c. stamps.

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ORIGINAL COMMUNICATIONS.

The Treatment of Cancer.¹

By WILLIAM B. JONES, M. D., Rochester, N. Y.

THE treatment of cancer has attained a measure of success that calls for a new adjustment of the estimate in which it has been held by those of us who knew its limitations twenty years ago. Our members who left college recently will not realise the difference between then and now. Before that period results were so often disappointing that conscientious physicians could only give half-hearted support to some legitimate attempts to remove the disease and none at all to most.

In any case where an operation or extensive or dreaded treatment is suggested without enthusiasm the suggestion is received without much hope. This is why some physicians find their advice so often rejected. Almost every one has confidence and does as told by the doctor who says "You need," certain treatment, "It is the only proper way. I will arrange for it." But there is no such coöperation with the one who says, "I don't know but you will have to do" this or that, "Perhaps it would be better. I'll see tomorrow."

The people generally have faith in the medical profession and in all things where we can demonstrate ability to cure they come to us first,—most of them do,—but when we fail them they are not giving up and being reconciled to abandon all offered help on the strength of our decision that nothing more can be done, and they try all offers, which means rich pickings for quacks. Twenty years ago cancer quacks and institutions were numerous and growing more so. Some of them have gone into a decline and there are few new ones. That is significant that now the people are better satisfied with us than with them.

cession, and if possible regain our proper place. The proper

The men who are only entering practice and those who are

1. President's address before the fortieth annual meeting of the Medical Association of Central New York, held at Rochester, October 15, 1907.

yet building theirs up have perhaps heard enough about cancer for a time, but we who have been here only a little longer are still doing most of the business, are still seeing a good many patients and by your sufferance, young gentlemen, will for a while longer. We need to consider that the glowing oratory of commencements is well founded and that today prepares better than some time ago and it is well if we have kept abreast of modern teachings in the yesterdays between. If we have been at all neglectful it behooves us now to catch up with the procession, and if possible regain our proper place. The proper place for a live man is near the front and he should keep getting nearer.

After all, it makes little difference to the community at large whether a doctor keeps himself keen and up to date or a younger one more ambitious and efficient supplants him, but it does make a tremendous difference whether we are apathetic to what can be done for cancer. The subject is so important that we must take advantage of every slightest resource and we must know and hold the correct estimate of all.

The alarming increase of cancer is no delusion of imaginative statisticians, nor is it only apparent and due to more thorough registration of deaths by health boards, or the present greater dissemination of all kinds of information. Cancer deaths are increasing rapidly in actual numbers, in proportion to other deaths and in proportion to population; also the rate of increase is growing. In this state ten years ago there were each year 50 to 200 more than the year before. Now the increase is 250 to 350 each year.

Of the men present who are 35 or more years of age one in eleven or twelve will die of cancer and of the women one in seven or eight, unless better cared for than our patients have been until the present time. There is better care to give them and you can learn the details of these betterments from the many papers now appearing from authorities who are doing their utmost to inform the profession.

The most important principles upon which the details are worked out are: cancer is prone to develop where there is continuous or frequent irritation. Avoid such an excitant and repair old injuries, such as lacerations, scars where exposed to friction, and the like, benign tumors sometimes become malignant after many years. Remove all neoplasms, especially warts, moles, and fibroid growths.

Cancer is always local at first and curable if all the original growth can be removed before any is transplanted to other places. It is almost always conveyed by lymphatic vessels to nearest lymphatic glands where it is halted for a time, and there

is no enlargement or other appearance to indicate this until some time after it occurs, so that removal of the primary growths and all enlarged lymphatics is not enough. All lymphatics leading directly from it, whether enlarged or not, must be removed, and further the chain of glands into which they empty.

The secondary growths, where migrating cancer cells have halted in lymphatic glands and grown, act precisely as the primary ones do, extension from them is in the same manner, and with them must be removed lymphatics leading from them, and the glands into which they empty the same, as in treatment of the primary growths.

That will be the series next deeper, and frequently also another series not deeper but near by with which there is anastomosis. Operation secures these essentials better than any other treatment and except for very superficial warts and inoperable cases should always be undertaken at the earliest possible moment.

Any tumor, lump or swelling, however small, that has been permitted to remain after it was first noticed must be removed immediately when it begins to grow or cause irritation. It must be carefully examined and if malignant the whole region must be operated on right away for cancer. There must be no waiting to see whether it will return. This replaces the custom of taking a small piece for examination, which should never be done because even the little cutting that requires, opens lymphatics and other vessels and cuts through tumor tissue out of which will exude cells which may enter those vessels, be carried to a distance and, if cancer, implant metastases.

Recurrence after operation should be operated for immediately when it appears according to the same principles as the primary operation and just as thoroughly, and this repeated with every recurrence if in an accessible part. There will be some successes by so doing that would have been failures if we had stopped trying after the first operation. By ligating bloodvessels supplying a cancer, or cancer region growth can be retarded, recurrence delayed and assistance given to other measures, such as cautery, for cure. The growth should not be watched at all for any reason before operation. It should be removed as soon as found and watched afterwards.

Cancer of the viscera is now recognised only by the symptoms of the late and hopeless stages, coffee ground vomit, acidity, fermentation, dilation and pain in the stomach; tumor, jaundice and pain about the gall bladder; tumor, pain and functional disturbance in the intestines; pain and chronic obstruction at the rectum with bloody discharges. These symptoms and cachexia do not occur until cancer has passed through the greater part of its

course, indeed, part of them denote septicemia from absorption at places where sloughing has been going on some time. But cancer in these organs causes earlier symptoms that if recognised when they first appear would permit cure of a large proportion of these patients who now are almost all left without a diagnosis until too late. Their salvation depends upon earlier diagnosis and that upon attention to what we too often miscall functional disorder. That patient may have a functional disorder but too often the symptoms are due to organic disease, cancer or something else, and the conservative thing is to consider it organic and to find out what kind of organic disease it is if two weeks of proper and satisfactory treatment results in moderate improvement only, or less.

Many internal organic diseases can only be diagnosticated by exploratory incision, and most of them can only be cured by operation.

525 LAKE AVEUNE.

Danger of Pregnancy Following Operations for Cancer of the Breast¹

By WILLIAM S. CHEESMAN, Auburn, N. Y.

WHATEVER theory we adopt as to the nature and etiology of cancer in general, it must be conceded that when located in the female breast its development is influenced by some unexplained sympathetic correlation with the pelvic organs. The clinical fact has long been recognised, and is sometimes mentioned in textbooks, that under the physiological stimulus of pregnancy mammary cancer takes on a specially malignant character. And on the other hand, Beatson by ablating the ovaries in some cases of late inoperable cancer of the breast, was able to effect the disappearance of the disease. So we may say of this mysterious epithelial reproduction, this cellular new birth, to which we give the name cancer, that whatever its ultimate character, it may be stimulated to unwonted efflorescence, or retarded and even extinguished, according as the uterus and appendages are rendered active or functionally obsolete.

The highest functional act of these organs is gestation. This may associate itself with mammary cancer in one of two ways; either cancer attacks the breast during the course of pregnancy, or pregnancy occurs as a complication of already existing cancer. In which ever way the association arranges itself the result

1. Read at the fortieth annual meeting of the Medical Association of Central New York, held at Rochester, October 15, 1907.

is the same, viz.: a stimulation of the disease to unexampled malignancy and rapidity of growth.

It has been my evil fortune to encounter each of these two varieties.

CASE 1.—*Cancer of the Breast Complicating Pregnancy.*—About a dozen years ago a lady aged 29, mother of three children, became pregnant for the fourth time. She had had an abscess of the breast after her first confinement, and there remained a nearly imperceptible cicatrix in the gland. This was quiescent during two succeeding pregnancies, but about the third month of her fourth pregnancy she reported that the old scar was enlarged and tender. Examination showed a swollen, indurated mass in the breast, and axillary and supra-clavicular glands enlarged. A well known surgeon saw her at once with me, diagnosed malignancy of rapidly growing type, and did a thorough extirpation of breast and all lymphatic connections. The wound healed kindly, but in spite of the sweeping thoroughness of removal the disease seemed scarcely to have been checked. It broke out immediately over the whole area of operation, ulcerating and discharging and finally involving the pleura. I induced labor early in the eighth month, saving the child, now a well grown boy; but the young mother died a few weeks later.

This case familiarised me with the behavior of cancer of the breast during gestation, but it needed still another to awaken my dull perceptions to the importance of this knowledge for the surgeon.

CASE 2.—*Pregnancy Complicating Cancer of the Breast.*—In March, 1905, I operated on a woman aged 36, doing the usual removal of breast, axillary contents, and muscles, by a wide circumsection necessitating Thiersch skin-grafts to close the defect. I mention these details to show that the work was thorough. The wound healed well, only a soft pliable scar remaining. I watched this case from time to time, and more and more felt that the result promised at least long postponement of return. All went smoothly till in December, 1905, (nine months after operation) the patient reported herself pregnant two months, and examination verified this suspicion. Her danger was instantly clear to me, and I told her the pregnancy should be interrupted in order to avert the chance of its relighting the disease. This view being concurred in by a consultant, I emptied the uterus of a two months' embryo.

But even at the second month we were too late. I had observed the scar to be a trifle red and indurated just before the curettage, but soon after there could be no doubt. A flame of

reddened lymphatics spread from the scar to the other breast which was swollen and glossy with indurated edema. ("Mastitis carcinomatosa" of Volkmann). The situation was so dreadfully clear that the patient herself recognised it, and asked: "Did my pregnancy bring this back again?" I had no need to answer; she read the truth, and pierced my conscience with the searching query: "Then, why did you not warn me?"

I have asked myself that question many times since, and I would ask my colleagues today: *Why have we not warned breast cases of the dangers of pregnancy?* Of course the cases suffering from our omission have been few in number, unfortunate rarities, I judge, of surgical experience. Cancer attacks the breast commonly late in life, well after the child-bearing period. But not exclusively then. The circles of incidence of the two conditions intersect and overlap to a considerable extent. So that there is a period of ten to fifteen years in which a small percentage of women are liable to both conditions. But even if the number of such women were too small to affect the statistics underlying operative prognosis, even if we see but one or two such cases in a long surgical experience, we shall not escape the condemnation of conscience if we fail to individualise in their favor, and admonish them of their peril.

I do not know whether others have recognised this danger and this duty to their patients. If so, they have failed to indicate it in the literature. A research carried on for me in the library of the Syracuse Academy of Medicine fails to bring to light any evidence that the subject has received attention. I am constrained, therefore, to believe that the danger has not been clearly appreciated, and that once notice is drawn to it, others will wish, like myself, to include in the advice given patients after operations for malignancy of the breast, a warning against pregnancy.

The Relation of Hyperchlorhydria to the Motor Function of the Stomach¹

By ALLEN A. JONES, M. D.

Adjunct Professor of Medicine Medical Department University of Buffalo

HYPERCHLORHYDRIA is best considered as a condition of high gastric acidity due to the presence of a large amount of free and combined hydrochloric acid, together with a sense of more or less discomfort, distress or pain in the stomach. Some individuals have a high gastric acidity, but are wholly uncon-

1. Read at the fortieth annual meeting of the Medical Association of Central New York, at Rochester, October 15, 1907

scious of it and make no complaint of disease of the stomach; while many others experience varying degrees of gastric discomfort, associated with what might be considered only a high normal acidity. I have at present under observation a young man whose total gastric acidity during digestion ranges from 70 to 110, with free hydrochloric acid .17% to .27%, but he has never complained of abnormal gastric sensations. As a clinical entity, however, we do not often find what may be termed a chemical unassociated with a sympathetic hyperchlorhydria. In other words, the stomach symptoms are urgent heralds of the existence of a high acidity.

There exists a gastric hyperesthesia as an imperative and important part of hyperchlorhydria. Irritative gastric symptoms are apt to dominate the clinical picture and these symptoms usually yield only to measures that either lower the acidity of the stomach contents or sedate the sensory innervation of the organ. It is commonly observed that a business or professional man, whose life is spent much indoors, develops the classic symptoms of hyperchlorhydria that disappear during the early days of his camping trip without a fall, but possibly a rise, in the acidity of his gastric contents. These ordinary clinical observations point to the existence of a strong sensory element in the complex which we term hyperchlorhydria. These constitute instances of the disease properly classed with the gastric neuroses. In these there need not exist an organic pyloric narrowing to account for the oft discovered tardy emptying of the stomach, because temporary pyloric spasm, due to high acidity of the contents of the stomach, constitutes a sufficient cause. The degree of pyloric spasm varies widely, and depends upon the percentage of gastric acidity, and upon the acuteness of local irritability of the pylorus, as well as upon general nervous erethism.

If hyperchlorhydric pylorospasm continues over a protracted period, pyloric thickening is apt to develop, and actual structural narrowing may thus be slowly brought about. The thickening may consist partly of muscular hypertrophy and partly of hyperemic or inflammatory hyperplasia of submucous and other tissues. There are clinical reasons for regarding hyperchlorhydria with its attendant pyloric states as highly predisposing to, if not really, excitive of, the development of gastric ulcer. It seems probable that the nutritive disturbance of the mucosa initiating ulcer may more easily manifest itself under these, than under quite normal, conditions. Be that as it may, it is an admitted clinical fact that ulcer is frequently found in these cases and if, in addition to the above mentioned tissue changes at the pylorus, there occurs contracting scar tissue, pyloric stenosis is well established.

The close relation between hyperchlorhydria and the motor function of the stomach is illustrated by this aspect of the subject. There are, however, a few points deserving of special discussion. In the first place, it is advisable, in order to clearly present the matter, to differentiate carefully between hyperchlorhydria, hypersecretion and continuous secretion (gastro-succorrhea, Reichmann's disease). It has been definitely established by the observations of a very large number of workers, including myself, that there exists a secretory neurosis in which gastric juice of high acid value is secreted only during the time that stomach contains food and never otherwise. This is frequently found quite independently of delayed emptying of the stomach either because of pylorospasm or myoparesis. My observations are entirely confirmatory of Strauss's¹ contention, that the amount of contents withdrawn one hour after a test breakfast in these cases is usually but moderately greater than in the normal and that the increased quantity is due to a copious production of gastric juice and not to retention of the contents. Furthermore, in these cases of pure secretory disturbance no evidence of an abnormal condition of the pylorus is obtainable by chemic or microscopic examination of the gastric contents.

Regarding the advisability of using the terms hyperchlorhydria and hyperacidity interchangeably, I must dissent from the habit of some writers. Hyperacidity may depend upon hyperchlorhydria, upon retained gastric secretion, with or without fermentation acids in stagnating contents, or upon hypersecretion in a food-free stomach; as any degree of secretory acidity in an empty stomach may be strictly considered hyperacidity. For these reasons the term should not be used as a synonym for hyperchlorhydria. It is particularly important to determine as nearly as possible whether or not there is evidence of delay in the passage of the chyme through the pylorus in all cases of superacidity, and this can only be done by several examinations made at different hours after the test meals and especially by siphonage in the fasting stomach before breakfast.

If gastric juice is found in the fasting stomach the conclusion that it denotes pyloric narrowing is not warranted. Continuous secretion is doubtless, in some instances, an essential secretory neurosis, the etiology of which is but imperfectly understood. When, however, food remnants are present, even in very minute quantities, with gastric juice, there is warrant for strong suspicion of more or less stenosis and subsequent examinations should be made. There is so much likelihood of ulcer developing in these cases that the occult blood test should be conducted both as to feces and stomach contents; although a positive result of this

test had best be considered as merely contributory information and not as settling the question of diagnosis.

In studying a large number of cases of persistent hyperchlorhydria, I have found several with pyloric narrowing that explained the protracted nature of the disease. The medical treatment of these cases is apt to prove disappointing, although much comfort may be given by rest, unirritating foods, alkalies with bismuth and local applications of ichthyol and resorcin; yet some of these patients require operative treatment for the accomplishment of permanent cure. As a rule, pyloroplasty finds its most suitable place in these instances of partial stenosis, but there may be found sufficient thickening and deformity of the pyloric tissues to preclude this operation and force the surgeon to a gastro-enterostomy.

Some cases of hyperchlorhydria which I saw several years ago, have since returned with a history of almost continuous trouble, and I have found currants and other foods, given the previous night at dinner, present in the morning before breakfast, and have brought the patients to successful operation.

Casual mention is made of these, as they serve to illustrate and emphasise the manner in which a functional disorder of the stomach may either rapidly or gradually merge into a structural disease. A fact of some importance in this connection is observed in some cases presenting evidences of organic pyloric stricture, following a more or less prolonged period of irritative superacidity accompanied by the well-known symptoms of that complex. Whereas, in these cases, before the later organic changes develop the acidity is high, afterward low percentages prevail. Ewald² has recently emphasised the fact that hyperchlorhydria is by no means a constant and invariable accompaniment of gastric ulcer. Possibly late degenerative glandular changes supervene and partial secretory failure results.

In some patients presenting the associated phenomena, hyperchlorhydria and tardy emptying, it is quite probable an adequate explanation may exist in the propulsion of superacid chyme into the first portion of the duodenum. Pawlow's oft-quoted observation that pyloric relaxation depends upon neutralisation of that amount of acid chyme already in the duodenum, suggests the proposition that additional duodenal secretion and time are required to neutralise over acid contents, and thus there may be repeated delays in the more or less regular opening and closing function of the pylorus in hyperchlorhydria. It may be also that alkaline gastric sedatives, such as bicarbonate of soda, carbonate of magnesia and subcarbonate of bismuth hasten the propulsive function of the stomach as much through their effects in the first part of the duodenum as in the antrum pylori.

A question of interest and importance, though difficult of settlement, relates to the underlying causes of hyperchlorhydria. An attractive theory is that it may arise from an excess of a chemical stimulation of gastric secretion. The suggestive finding by Wertheimer and Popielski, that the secretion of pancreatic juice called forth by the presence of acid in the small intestine was wholly uninfluenced by division of both the vagus and splanchnics, by excision of the spinal cord, or by extirpation of the abdominal sympathetic, prompted Bayliss's and Starling's² experimental investigation that resulted in the finding of a substance named by them secretin, formed in and by the epithelia of the duodenal mucous membrane under the action of acids which, absorbed or injected into the blood, produces an active pancreatic secretion.

Edkins⁴ experimentally determined that after the nervous connections of the stomach had been destroyed, the introduction into the jugular vein of the animal of a decoction made by boiling pyloric mucous membrane with acid, water or peptone, was followed in an hour by the secretion of an acid, proteolytic juice in the stomach. This substance is known as gastric hormone. Edkins concludes this to be the explanation of secondary gastric secretion or that occurring after so-called "appetite juice" is excited. Einhorn and I independently proved several years ago that direct electric stimulation of the mucous membrane of the stomach evokes the secretion of gastric juice in an empty stomach, therefore it would seem that secondary gastric secretion may not wholly depend upon chemical influence or control. It appears warrantable to look upon gastric secretion as being under the influence of several factors, viz: the brain through the thought, sight or smell of appetising food; the sympathetic by way of local stimulation of the mucous membrane of the stomach by foods, especially those that are thus active, and, lastly, the chemical substance named hormone, that operates independently of the nervous mechanism of the stomach.

Pathologically, hyperchlorhydria may possibly depend upon disturbance of one or more of these functions. It is suggestive that oils, which are usually not appetising, are said to lessen the secretion of hydrochloric acid; and they furthermore fail to form peptone, while they act as soothing agents locally to the mucous membrane of the stomach. Sailer and Farr⁵ found that when oils were added to the food they had no inhibiting effect upon gastric digestion, but do not mention any observations upon its effect in the empty stomach. Their study, however, had particular reference to pepsin activity, and they made one observation of importance bearing upon the subject of my paper and that was

to the effect that excessively high gastric acidity, viz: 150, 145, and 136, exerted a decided inhibition toward peptic digestion. This may possibly account for a few of the cases of hyperchlorhydria in which proteids as well as carbohydrates show insufficient digestion and are present in the stomach too long after their ingestion.

Finally, let me emphasise the importance of having in mind, and searching for evidence of, a local area of hyperesthesia at or near the pylorus in all cases of hyperchlorhydria, as this area is apt to assume sooner or later the characteristics of a latent or active ulcer, and at some stage in the history of any given case symptoms of an organic lesion of the stomach may give place to that which heretofore had been considered a secretory and sensory neurosis.

Also it is well to remember the relation of other organic alterations of the pylorus to the symptom complex so frequently present in hyperchlorhydria. I have seen peripyloritis with peritoneal adhesions the cause of the disorder, and several cases of chronic cholelithiasis have exhibited both the symptoms and the gastric chemistry common to excess of hydrochloric acid. An important point in cases of ulcer and cholelithiasis, associated with high acidity of the stomach, consists in the frequently excessive character of the pain. It is not common to find severe pain with simple hyperchlorhydria, but there is more apt to be a sensation of burning or graving in the epigastrium two or more hours after meals. With ulcer, food is apt to give rise to renewed pain, whereas with uncomplicated irritative overacidity food usually gives relief.

These are a few considerations that prompt careful investigation as to the organic state of the stomach and its adnexa in all cases of hyperchlorhydria.

1. Modern Clinical Medicine; Diseases of the Digestive System, page 106
2. Modern Clinical Medicine
3. The Physiology of Digestion, Starling, 1906
4. Journal of Physiology, Vol. XXXIV, Page 133, 1906
5. American Medical Sciences, Jan., 1907

436 FRANKLIN STREET.

Ophthalmia Neonatorum; a Pathologic Anachronism.¹

By F. PARK LEWIS, M. D., Buffalo, N. Y.

[*American Journal of Obstetrics and Diseases of Women and Children*, November, 1907.]

IT is now almost a quarter of a century since Carl S. F. Credé of Liepsic, presented to the medical profession in an epoch-making paper, a discovery of such tremendous importance that

1. An address delivered by invitation at the twentieth annual meeting of the American Association of Obstetricians and Gynecologists, held at Detroit, September, 17-19 1907

its value has not been fully realized up to the present day. In the *Archiv für Gynecologie* of October, 1883, Credé announced that by allowing a single drop of a 2 per cent. solution of nitrate of silver to flow from the end of a glass rod one-eighth of an inch in diameter upon the cornea of a newborn child, he had reduced the infections causing ophthalmia neonatorum in his great obstetrical clinic from 10 per cent. of the total number of births to two-tenths of 1 per cent. The importance of this announcement will be better understood when it is borne in mind that at that time, when many of us were students or young practitioners, the new science of medicine had but just been born. It was only four years before that Neisser had isolated the gonococcus, and I remember very well strangling in a carbonised atmosphere in an endeavor to see Billroth apply the principles of Lister. Your distinguished president—then a young man—had but just written that inspiring little monograph, which, though overshadowed since by his greater work, nevertheless served as an inspiration to thousands of young American surgeons "How We Treat Wounds To-day," and the whole medical world was awakened and had become keenly alive to the importance of microbial infections.

An additional importance was given to this great discovery by reason of the frightful virulence of the infection which it was found to control. The ugly, deformed, staphylomatous eyeballs, resulting from the corneal ulcerations of this disease, were seen everywhere. With the exception of smallpox, no single infection had begun to compare in the virulence of its results with ophthalmia neonatorum. Fully one-quarter of all of the pupils in the asylums for the blind were victims of this malady, and when, therefore, the statement was made by one of the most careful and dependable obstetricians in Europe that, by this absurdly simple precautionary measure, the child's chances of escaping the infection were increased fifty times, then obstetricians everywhere began repeating the experiments of Credé, and from enormous numbers upon which to base their statistics obtained singularly uniform results.

From tables published by Kostling of Halle, in 17,767 births with no treatment, 9.2 per cent. developed the ophthalmia of infancy, while in 24,723 births, in which the prophylactic treatment of the 2 per cent. nitrate of silver was employed, the infection developed in 0.65 per cent. In 4,000 births at the Sloan Maternity Hospital in New York during a period of six years, in which Credé's method was employed, not one case of ophthalmia developed. Later, in 1886, Credé reported 1,211 births, with 3 but slightly affected, or 0.25 per cent.

Other microbicides were tested for their prophylactic virtues—carbolic acid, iodoform, bichloride of mercury, the newer silver salts, protargol, argyrol, and even simple lavage with plain water. All had their advocates, and statistics were published galore. Indeed, a distinctive literature has appeared, so popular has the subject become, which if assembled would make large volumes. Meantime, too, scientific medicine had not been quiescent in other directions. We had learned how to drive yellow fever from its noisome haunts. We had hunted the typhoid germ to its polluted source. We knew under what conditions the bacillus of tuberculosis flourished and under which it faded away. Then, of course, in the case of a superficial infection like that which produces ophthalmia neonatorum, the nature and time of entry of which have been perfectly understood for more than two score of years, and which prophylaxis places almost absolutely under control, the disease must be practically wiped out of the land, and its ravages seen no more forever.

Let us see. The City of Buffalo is perhaps one of the most fortunate sections of the United States in the protection which it legally affords the new born child. For fourteen years it has had a law requiring midwives to attain a certain standard of proficiency in their work, this to be determined by a board composed of capable and reputable physicians. There exists also a law that every midwife shall at once report to some physician the existence of a case of ophthalmia neonatorum when it becomes known to her, under penalty of a fine. The Health Commissioner, Dr. Ernest Wende, has the deserved reputation of being one of the most capable and efficient public servants in this work in the United States.

Some months ago Dr. Wende sent return post cards to each physician engaged in the practice of obstetrics, to each midwife in the City of Buffalo, and to the superintendent of each hospital receiving lying-in cases. On each card was a request that a statement be made as to the number of cases of ophthalmia of the newborn that had occurred in the practice of the person receiving the card or in the institution during the previous year; what, if any, prophylactic had been used, and with what result. The total number of births in the City of Buffalo during the previous year had been 8,500. The returns did not include hospitals or other lying-in institutions in which, as Hubbell has shown, the frequency is much greater than in private practice. The total number of cases reported was one hundred and two, and if we add the unreported cases it will undoubtedly show ten times as many infections as should have occurred had adequate prophylaxis been employed.

"But," said the editor of a rather prominent southern journal shortly after the appointment of a committee on ophthalmia neonatorum by the president of the American Medical Association at its meeting at Boston in 1906, "does it not seem strange that legislation should be considered necessary to urge physicians and midwives to do their duty? We question very much that blindness due to ophthalmia will become much reduced by such legislation. The disease is certainly much less dreaded now than formerly, and Credé's method is more generally used; consequently, an additional legislative act seems an unnecessary burden on the statute books."

Is this disease, then, well understood and under control, and is the method of Credé generally and correctly employed? The secretary of your Association, who is president of the New York Board of Medical Examiners, refused recently to allow a medical applicant to qualify because, among other errors of knowledge or judgment, he advised as a prophylactic for ophthalmia neonatorum the 1 per cent. or 2 per cent. solution of nitrate of silver dropped in the eyes every 15 to 30 minutes. An examiner of undoubted ability and broad experience demurred at this ruling, saying that the remedy was right and the dosage was correct—the error was in its too frequent application, asking whether nature did not take care of such cases and whether disaster might be apprehended in consequence.

"I have been astonished," writes Dr. de Schweinitz, "in this comparatively enlightened age to find the appalling practices which go on among the poor in the Italian, negro, and other quarters of the city. It would seem to me that there is not any foolish thing that some equally foolish midwife will not put into the eyes of a new born baby provided there is any irritation. I will not burden this letter," he continues, "by citing instances of the appalling ignorance of certain physicians in regard to the proper method of employing silver under these circumstances, except to quote a case recently seen, where a physician used a 2 per cent. solution of nitrate of silver—a drop in each eye of a new born babe three times a day for three days, when there was not the slightest reason for its use, except a small discharge at the inner angles of the eyes totally free from the presence of gonococci. As a result the baby has a large white scar over one cornea and a smaller one over the other."

But, you urge, the standard of medical knowledge has been raised so much during the last twenty-four years that even if infections do occur, notwithstanding the neglect or mismanagement of a gonococcic or other microbial conjunctivitis in an infant, the resulting blindness or serious injury to the eyes must

be an exceedingly rare occurrence, and it can no longer be a prolific cause of blindness. In the New York State School for the Blind children are received between the ages of five and twenty-one years. Many of those newly entering are of kindergarten age. Among those registered during the past four years—which shows how recent had been their affliction—26 per cent. had their blindness assigned by careful examiners to ophthalmia neonatorum, while 39 of the 150 registered, or one-quarter of the whole number, had their eyes, and consequently their lives, offered as a sacrifice to this Moloch of ignorance and neglect.

Philadelphia is certainly one of the most enlightened medical centers in the world. At Overbrook, one of its suburbs, is the school for the blind, concerning which Professor Allen, for many years its superintendent, writes me: "It happens that I have by me the main causes of blindness in percentages of the 536 pupils during my administration—or between 1890 and 1906 inclusive—a period of sixteen years. In this table ophthalmia neonatorum figures 29 per cent. of the whole. These cases were assigned by our own oculist," he writes, "Dr. George C. Harlan, and I think there is no mistake in the compilation of the averages."

Recently Mr. Simeon Snell, in a communication to the British Medical Association, reported that of 333 inmates of the Sheffield school for the blind, 136, or 42.36 per cent., had been blinded by ophthalmia neonatorum. These startling figures led to the unanimous passage of a resolution, proposed by Mr. Stevenson and seconded by Dr. Karl Grossman, that in the opinion of the section on ophthalmology the time had come for the British Medical Association to take action toward the prevention of ophthalmia neonatorum.

While I am not prepared to admit that our results are quite as bad as these figures would indicate—for in our schools for the blind are only the young, among whom the victims of ophthalmia neonatorum are always much the more numerous—we still must admit with humiliation and chagrin that the lesson which *Crédé* taught has not been adequately learned. We have followed false gods in seeking easier methods, and our asylums are full of needless victims. But are all of these cases of blindness occurring in the schools of recent origin? Is it not possible that these blind children in the schools are the product of earlier negligence, and that more modern methods are now in use?

In the State of New York, as determined by the special commission, there were found to be 6,200 blind persons. Of these 569 were under one year of age, and under four years, including those under one year, were 959 children. In the State of Massachusetts, among 3,306 blind registered, 661, or more than 20 per

cent., had become blind before their fifth year. If we exclude ulcerative conditions, due to bad hygiene and insufficient nourishment, which ought to be controllable, and congenital blindness, which in many instances can be avoided by preventing the congenitally blind from mating, we may safely assume that one-half of this number, or 10 per cent. of the whole, have given their eyes as a tribute to ignorance or neglect.

Such statements as these must give us pause. What do they mean? It would seem that while we have been combating more spectacular maladies—bringing our sanitary batteries to bear on typhoid, yellow fever, and tuberculosis—this elusive, if no less vicious malady, has in some degree at least escaped us. It is endemic but sporadic. It occurs only in from one in fifty to one in two hundred cases. The busy general practitioner, chiefly occupied with the better classes of society, may not see a case in years; meanwhile, he forgets its virulence and malignancy, and when his attention is called to the red, swollen, suppurating eyes of the baby—the mother being already convalescent—he thinks that any intelligent physician is capable of treating a conjunctivitis; indeed, he has been told so by the editor of one of our medical journals, and he uses *secundum artem* as he thinks a 2 per cent. solution of silver nitrate every two hours or a 10 per cent. solution of argyrol once a day. When, finally, the cornea sloughs, the curtain falls, and the light of those baby eyes is extinguished forever, he honestly believes that the virulence of the attack was such that no skill could have averted disaster. “He done his damndest. Angels could do no more.”

But it is not chiefly at us of the medical profession that the accusing finger can with justice be pointed except for our sins of omission for responsibility not sustained. The negligence, the ignorance, the indifference concerning these conditions, find their apotheosis in the midwife. Permit me, if you please, to quote from a careful study of this subject made by a trained nurse, F. Elizabeth Crowell, on the “Midwives of New York,” which appeared in *Charities and the Commons* for January 12 of the current year, and which will stand doubtless for the same class, whether they appear in Oakland or Oklahoma. Of one Italian midwife it is written, “her home was of the dirtiest, the condition of her hands was indescribable, her clothing was filthy, and her bag beggared description.” As to the midwives’ homes, 106 were absolutely filthy, as were the clothing and person of the midwife herself. As for the bags and their equipment from a professional standpoint, by far the greater number would make fit decorations for a chamber of horrors. Rusty scissors, dirty string, a bit of cotton, a few corrosive sublimate tablets, old rags

and papers, some ergot and vaseline, a gummed catheter wired, were the usual contents.

Please God, these conditions will have been bettered by the recent law passed for Greater New York, putting these women under the control of the Health Department, for there are between nine hundred and one thousand of them (many, indeed, well trained, cleanly and intelligent) who were present during the past year at the confinement of 43,834 mothers in the metropolis—about 42 per cent. of the whole number of births. In the City of Buffalo, with a population of nearly 400,000, at about half of the births a midwife presides. In all probability, a like proportion obtains in every community in which the population is largely foreign. With regard to the prevalence of ophthalmia neonatorum there are no available statistics for New York City. The provision of the sanitary code regarding the reporting of contagious diseases to the Board of Health is practically a dead letter in connection with this particular disease.

What, then, is to be done? The control of the conditions producing this vast amount of unnecessary blindness is entirely possible and practical. Two factors are essential: first, more enlightenment—a broader, more general, popular knowledge of the causes and measures to be employed for its prevention; second, perfectly organised and coördinated effort in securing its control. The first is dependent upon the second. It is to us of the medical profession that the intelligent laity is looking for advice and instruction. Already societies for improving the condition of the blind and the prevention of blindness are asking what they can do to remedy the evil, and they can take no step—they can advance no movement—except as they have the authority and support of those who know what to do and how it should be done. Said that wonderful young woman, Helen Keller, a few days ago at a great meeting at Boston, speaking of blindness due to ophthalmia neonatorum: "The problem of prevention should be dealt with frankly. Physicians should take pains to disseminate knowledge needful for a clear understanding of the causes of blindness. The time for hinting at unpleasant truths is past. Let us insist that the States put into practice every known and approved method of prevention and that physicians and teachers open wide the doors of knowledge for the people to enter in. The facts are not agreeable reading. Often they are revolting. But it is better that our sensibilities should be shocked than that we should be ignorant of facts upon which rest sight, hearing, intelligence, morals, and the life of the children of men. Let us do our best to rend the thick curtain with which society is hiding its eyes from unpleasant but needful truths."

Said Dr. Juan Santos Fernandez, the distinguished Cuban ophthalmologist, and an honorary Fellow of this Association, touching upon this subject: "The important thing is to bring before the public mind, by means of constant propaganda, a knowledge of the danger to a recently born child, who is at all affected as to the eyes, the great harm which a husband affected with gonorrhea may cause his wife or offspring, and, side by side with these, to call the attention of the family to the facilities which the authorities will furnish them to guard against blindness. "This," he continues, "would be worth much more than penalties, and if there were a physician paid by the State (and in every county in the United States may such a health officer be found) to attend to the poor children affected, or to prevent their becoming affected, and this fact were to become known to the poor, they would surely seek his assistance, and he could fulfil his duties."

The campaign of education must be conducted along two distinct lines. As Stephenson has shown in his recent monograph on this subject, "It might be thought that medical practitioners needed no instruction as to the ways of preventing ophthalmia neonatorum, and doubtless the majority do not! There remains, however, the significant fact that all of the babies who subsequently develop ophthalmia have not been delivered by midwives or uninstructed women," and Treacher Collins supplements this by saying: "Sad to relate, cases in which delay in the application of appropriate treatment has resulted in permanent damage are met with, where the mothers have been attended by a duly qualified medical man, and not by an ignorant midwife." It would seem to be essential, then, that exact information be conveyed to the members of the medical profession as to the manner in which the toilet of the infant should be performed—how the eyes should be cared for in order that they may be protected from infection.

Said Dr. W. O. Moore, in the *Medical Record*, nearly a quarter of a century ago, "if the physician would attend to the first bath of the new born and not leave the entire charge to a nurse,—perhaps an ignorant one,—much trouble and suffering might be averted." Schirmer speaks of this first bath as "gift-wasser"—poison water—and simply dries the child's face, postponing the bath till the following day. Snell reports an almost absolute freedom from ophthalmia in the Jersop Maternity Hospital, simply by reason of exceeding care given to the toilet of the baby's eyes. "The patients," says Dr. Snell, "are among the poorest; some are inmates of the hospital, but the great majority are confined in their own homes. The midwives have received instructions that immediately the head is born, attention must be directed to the baby's eyes. Then with little pieces of lint

moistened in tepid water the eyes are carefully washed, as well as the eyelids and parts adjoining. Subsequently in washing the child, care is taken to guard against reinfection. During the last three years there have been 2,242 labors among the in-patients and out-patients. In the first 200 there were a few cases of purulent ophthalmia, but in the last 2,000, since the method has been systematically adopted, not a single case occurred. Directions were also given to the nurses that if a child's eyes looked red it was to be taken at once to the hospital for a drop of nitrate of silver solution to be dropped into the eye." The plan depends for its efficacy on simple cleansing, and its success seems to be well worthy of note.

If these cases can be improperly handled by trained medical men, what must be done by midwives? Before these women can be instructed they must be known, registered, and made responsible. It seems quite impracticable to eliminate them entirely, but they must be made to show certain qualifications,—a certain amount of training, of fitness, of cleanliness, and decency. This means an organised health movement for the passage of State laws placing these irregular and limited practitioners under the control of the health authorities. They should be taught by lectures and simply but carefully worded instructions in their own language, how the toilet of the child should be conducted. In a circular issued by the Valentin Haüy Society for the Blind in Paris for distribution to midwives and mothers—and which is by far the best published, advice is given to the mother as to her personal care before and up to the time of the birth of the child, the precautions are detailed that should be taken to prevent ophthalmia, and the necessity is urged in black letter type of immediately seeking medical aid should the eyes of the child become at all inflamed. It cannot be hoped, however, even by the exercise of the greatest care to prevent the infection of every baby's eyes, although, as Stephenson says, with rigid care ophthalmia is brought almost to the vanishing point. The necessity for a prophylactic is emphasised.

Objection has been made to the classic Credé method because in a very few instances among the many thousands in which it has been employed excessive reaction has followed. The consensus of opinion seems to be, therefore, among obstetricians and ophthalmologists alike that while Credé's method properly employed is entirely safe and most effective in the hands of the trained accoucheur it might, if incorrectly used, give rise to undue irritation and it is advised, therefore, that the 1 per cent. solution of nitrate of silver, which is absolutely free from any danger to the eyes whatever and which does not produce silver catarrh,

should in preference be employed by unskilled hands; but whatever prophylactic is used it should be prepared and gratuitously distributed by the health department. It should be enclosed in hermetically sealed and light-proof tubes or ampoules and the filing of the birth certificate which should be invariably required, would give the desired opportunity of placing the prophylactic in the hands of the accoucheur or midwife. The silver solution would then always be ready for use, would be of known strength and purity, of trivial cost and of incalculable value. A physician in Buffalo, whose routine practice was to use the Credé solution, omitted it twice in the course of a year because he did not happen to have a preparation of the silver in his bag. In both of these ophthalmia developed. Had these tubes been available half a dozen of them might be carried at once as the solution would be permanently stable and effective and two children would have escaped a danger which might have cost them their eyes.

The certainty too that the solution is of assured strength and purity when accuracy of dosage is of such great importance, must give added confidence in its use. In one reported case the error of a pharmacist made the preparation 20 per cent. of silver nitrate instead of the 2 per cent. called for, to the consternation of the doctor using it. The ampoules would prevent such errors.

If the midwife is to be held responsible for her neglect to use proper prophylactic measures under penalty of losing her license, as she should be, then she should have the prophylactic put in her hands with fullest directions for its use, that no excuse may exist for omitting it. This measure, which is of first importance, received the unqualified endorsement of Dr. Sidney Stephenson in his admirable monograph on ophthalmia neonatorum, in which he makes it one of the measures recommended for the control of this disease and concerning which he says: "At present in England we do something of the kind with regard to calf lymph and antitoxin. The principle, therefore, already is conceded."

It does not seem practicable to put ophthalmia neonatorum on the list of communicable diseases. Considering the fact that it is so frequently of gonorrheal origin, many physicians feel that to report it, with the name of the parents, would be a breach of professional confidence, but for the health officer to take a semi-annual or annual canvass of the number of cases occurring in the practice of the physicians, midwives, and institutions of the locality, together with a statement of what, if any, prophylactic was used, with the resulting condition of the eyes in each instance, has a double value—namely, in serving to impress upon each one receiving the card the need of prophylaxis; and in obtaining statistics from which important conclusions may be

drawn. It affords an opportunity, moreover, of conveying information to accoucheurs—that often may not, and soon would not, be necessary—but, meanwhile, it might be instrumental in saving eyes that would otherwise be lost.

The conclusions, in detail then, which are suggested are:

1. To secure the enactment of laws in each State or Federal territory placing the supervisory control and licensure of midwives with the Boards of Health; requiring that these unqualified practitioners be examined and registered in each county and that they be required to immediately report each case of ophthalmia occurring in their practice under penalty, if found guilty, of forfeiture of their license and a fine.

2. Distribution by health boards of circulars of advice to midwives and mothers giving instruction as to the dangers, method of infection, and prophylaxis of ophthalmia neonatorum.

3. The preparation and distribution by health boards of ampoules or tubes containing the chosen prophylactic. For midwives 1 per cent. solution of nitrate of silver is almost universally recommended by obstetricians and ophthalmologists. For physicians the Credé solution should consist of a 2 per cent. solution of chemically pure fused nitrate of silver. If used as directed by Credé, one drop from a glass rod $\frac{1}{8}$ of an inch in diameter, it is free from excessive irritation and absolutely safe. To insure purity of the drug and accuracy of dosage the Credé solution should be given freely to physicians who make application therefor. This, however, should be merely advisory. The health department should be free to use such prophylactic as it may deem best.

4. Periodic report to Boards of Health by all physicians engaged in obstetrics of the number of cases of ophthalmia neonatorum that has occurred in their practice, whether or not a prophylactic was used—if so, what—together with the result.

5. The accomplishment of these measures by the appointment of committees through the various state and county societies whose coöperation would make concerted action possible.

6. To secure these ends the requested coöperation of the American Association of Obstetricians and Gynecologists, the Academy of Ophthalmology and Oto-Laryngology, the American Ophthalmological Society, the American Public Health Association, and such other organisations as may appoint committees on ophthalmia neonatorum.

If this plan of campaign be agreed upon with such modifications as obstetricians, ophthalmologists, and sanitarians may suggest, then a united and coördinated effort should be made to carry it into effect. If we would protect the babies—future citizens

of the United States—from the poverty and misery of needless blindness, we must join hands and form a cordon reaching from Maine to Alaska and from the Great Lakes to the Gulf. The machinery is already in existence. It is but to act.

To what nobler work could the splendid organisation of the American Medical Association lend itself than in furthering such a cause. Such an organised and concerted movement steadily and effectively at work throughout the length and breadth of the land, would mark a new era in which the sodality of medicine would become the chief factor in a social uplift. It would bind the fraternity together with closer ties in an effort to shield humanity from its own follies and frailties. It would practically abolish ophthalmia as a cause of blindness, thereby saving millions to the commonwealth and immeasurably increasing the happiness and efficiency of humanity throughout the world.

454 FRANKLIN STREET.

CLINICAL REPORT.

Multiple Post-Typhoid Abscesses.

By F. H. LITTLE, M. D., Muscatine, Iowa.

I RECENTLY saw, in my practice, a case of typhoid fever with a rather unusual complication, which prolonged the convalescence very materially. As I have found very little mention of similar cases in the literature, I have thought this case deserved being brought to the attention of the profession:

On May, 1, 1907, Mrs. J. G., aged forty-eight, was taken ill with typhoid fever; the typical symptoms were present and the fever ran the ordinary course, lasting for twenty-one days before reaching normal. The illness was not a severe type of the disease and was rather easily controlled.

Within a few days after temperature reached normal, she began to complain of severe pain in the calf of the left leg. The pain persisted; skin became reddened and this congested area soon developed into an abscess containing quantities of pus. This was followed by others until a total of twenty-five abscesses occurred extending from the instep to the groin. All the abscesses were freely opened and drained. The abscess cavities were irrigated twice daily with a 50% solution of hydrogen peroxide and packed with plain gauze; patient was put on a nutritious diet; careful attention was given the skin and the bowels; iodine in the form of the iodo-proteid compound, iodalbin, was given every four hours in doses of five grains, preference being given to this preparation over the pot. iodid, owing to my desire to relieve the patient of any possibility of this salt's producing the well known gastric and intestinal irritation so frequently seen

after its administration. Under this treatment, the case progressed rapidly to a perfect recovery with full use of the leg, and at no time during the treatment were any gastric disturbances or skin manifestations noted from the large amount of iodalbum (5 grs. every four hours) which was given.

I believe that this case is quite remarkable, owing to the fact that twenty-five abscesses were developed upon the leg and that they yielded readily to the powerful alternative effect of the iodalbum compound with the surgical treatment mentioned. The textbooks mention nothing exactly like this case, although attention is called to the fact that during the stage of convalescence the muscles of the lower extremities may become painful, even a slight redness may appear in the skin covering the muscles, and that this is usually unilateral. Most commonly this affects the calf of the leg and pain is developed on pressure or movement. This condition is said to be due to myositis and must not be confused with phlegmasia dolens due to thrombosis. Reference is also made in our standard works to the fact that convalescence is not infrequently delayed by numerous boils and that rarely multiple abscesses occur. The etiology seems to be obscure.

TOPICS OF PUBLIC INTEREST.

No Disease On Money.

Doctor Doty's Opinion—Foolish to Consider it Medium of Transmission, He Says

DR. A. H. DOTY, Health Officer of this port, who for years has made a study of infectious diseases, and especially the medium of their transmission, does not agree with the theorists who contend that money is a transmitter of disease.

Dr. Doty said recently that, while bacteriological examinations were presented to show that different forms of bacteria were found on money, practical and careful observation had proved that infection was caused and epidemics were spread in nearly all instances by personal contact with infected persons, and more especially with ambulant cases, rather than through the handling of money and clothing. He says, moreover, that too much needless and harmful agitation is being devoted to the theory that money is an agent of disease. He contends that there are many other considerations in the protection of public health that constitute a real menace that should take up the consideration of the public rather than conditions which are based on theory. Concerning the current agitation on money as an agent of disease, Dr. Doty said:

The theory that money acts as a medium of infection is a plausible one, particularly as it deals with an agent which is being constantly transmitted from one person to another and among all classes of people. Clothing, rags, merchandise, cargoes of vessels, etc., are also regarded as means by which disease is commonly transmitted.

WHERE BACTERIA ARE FOUND.

This belief is popular because it offers an explanation for outbreaks of infectious disease the origin of which is unknown. Modern sanitation, however, does not regard as valuable theories which are unsupported by fact or practical experience. The theory that money acts as a medium of infection carries with it no satisfactory or even reasonable proof. It is true that from time to time the results of bacteriological examinations are presented to show that different forms of bacteria are found on money. No one who is familiar with the subject doubts this, but the same organisms may at almost any time be found on our hands, on stair railings and all exposed places. These bacteria are, as a rule, harmless, and some of them are a benefit to mankind. Even from a bacteriological point of view there are reasons why money would not be likely to transmit disease. However, this question must be decided principally by reliable statistics and the results of practical experience.

HANDLING MONEY IN BULK.

Whoever may be inclined to investigate this subject in a reasonable way and will visit the Treasury Department at Washington, where an enormous amount of old and filthy paper money is being constantly handled and rehandled, or will seek information from bank officials, will find that those who are connected with this work do not contract infectious disease any oftener than any one else.

There is no reason why persons thus employed may not contract infectious disease, because they are subjected to the same outside exposure that others are, but this furnishes no proof that money is the medium of transmission. It is rather to be regarded as a coincidence. There is probably no doubt that in rare instances money, like other things, may act as a means of transmitting disease, but it is so uncommon that we must not give it undue consideration, for there are so many other considerations with which we must deal in protecting the public health that constitute a real menace that we should rather devote our energies to these than to conditions which are based on theory. The fear that money transmits disease is, I am quite sure, largely due to the fact that it is frequently old and filthy. While this is un-

pleasant in many ways, it does not indicate the presence of pathogenic organisms—that is, the germs which transmit infectious disease.

WORKERS AMONG RAGS.

Both domestic and foreign rags are also regarded as a medium of infection, and commerce has frequently been crippled by the detention and disinfection of vessels arriving from foreign ports having rags as a part of their cargoes. Still, we have no reasonable evidence that this material transmits disease. My own observation in regard to this part of the subject includes not only the collection of reliable statistics from paper manufacturers in this country, but also a personal investigation of the rag depots at Alexandria, Egypt. Here rags, consisting principally of worn-out clothing or gowns, are brought from all parts of lower Egypt in rope crates, and are sorted and resorted by women and children, but at the time of my visit no evidence had ever been presented to show that these ragpickers were more subject to infectious disease than those not connected with the work.

These statistics were carefully compiled by British sanitary officers who are charged with the protection of the public health in the country just referred to. The same results were obtained in the investigation of this subject in connection with paper manufacturers in the United States, where the bulk of foreign and domestic rags are used.

Careful investigation has, during the last few years, thrown much light on the subject of the transmission of disease and as a consequence many popular theories have been shattered. It was not very long ago that clothing was regarded as one of the common means by which yellow fever was transmitted. We know now that this disease is transmitted only by the mosquito, and that clothing has nothing whatever to do with it.

MALARIA FROM MOSQUITO.

Until recently it was believed that malaria was caused by bad air, emanations from swamps, etc. Conclusive evidence, however, has been presented to show that this theory is incorrect, and that malaria is also transmitted by the mosquito.

Those who actually deal with infectious disease and carefully study the means by which it is transmitted learn that clothing, money, cargoes of vessels, etc., act as a medium of infection only in rare instances, and what we have most to fear in our efforts to prevent the appearance or extension of infectious disease is the presence of mild and unrecognised cases which often occur and which constitute one of the most dangerous factors with

which public health officials are obliged to deal, and it is this which is commonly the cause of outbreaks, and which contributes support to the theory that money, etc., is a medium of infection. For, as these cases are not recognised, some theory must be advanced for the outbreak of infectious disease, the origin of which is not found. Those in charge of the public health are beginning to realise this fully and to know that one of the most important means of controlling an out-break of infectious disease is to cause a thorough and exhaustive inspection to be made for the purpose of detecting mild or ambulant cases.

CAN'T DISINFECT MONEY.

It is fortunate that money constitutes such an unimportant factor in the transmission of disease, as nothing could be more farcical from a sanitary point of view than an attempt to disinfect it, although this has been seriously proposed.

It is important that the public should know the advances which from time to time are made in sanitary science, that they may intelligently coöperate with health officials, particularly in emergencies, for there is nothing which contributes more to a successful result in dealing with outbreaks of infectious disease than the aid which the public may extend at these times.

THE ACTION OF THE RADIANT LIGHT BATH IN NERVOUS DISEASES.—T. D. Crothers, of Hartford, gives the results of ten years' use of the radiant light bath in the treatment of nervous diseases of the sclerotic type, fibrosis, local irritations, and inflammatory states of subacute nature. The radiant light bath is a powerful sudorific, acting much more rapidly than hot air. It also has some specific effect on the cells and tissues, is an eliminant, influences metabolism and nutrition, and its physical effects on the nervous system affect the mind and emotions. Sweating begins in a few minutes. Insomania and exhilaration are followed by a deep and refreshing sleep. It overcomes nervousness and irritation in drug-takers. It diminishes the desire to take spirits and drugs. Appetite is stimulated and digestion improved. Thirst, relaxation of the bowels, and renal activity are results that may occur. The action of bromides is increased by the bath. Mental relief and buoyancy of mind are remarkable. Despondency passes away and restfulness follows. Arterial tension is diminished.—*Medical Record*, November 23, 1907.

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

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For A Greater University.

BUFFALO is putting up a strenuous fight for a greater university. In other words, the friends of university extension for the city of Buffalo are displaying an activity which deserves success. Vice Chancellor Charles P. Norton the leader of the university forces, is displaying the qualities of great generalship in the struggle to establish a college of liberal arts, the only department lacking to complete the cycle necessary to the establishment of a university in fact, as well as in name, for the greater city of Buffalo.

It may have seemed to some persons that the movement had come to a standstill, but it would appear from recent events that Mr. Chancellor Norton has been resting on his oars for a time preliminary to a second heat in the great race. Tuesday, December 17, 1907, was a great day for the greater university of greater Buffalo and it seems proper to name it, greater University day. In the forenoon, a hearing was had before the supervisors in relation to the proposition to exchange a portion of the present almshouse site for a property in the town of Clarence, known as the Schultz farm, the object being in securing this exchange to erect university buildings where the almshouse property is now located.

It would appear that two propositions are involved in this scheme: the one being, to convince the supervisors that it is desirable to move the almshouse into the country; and the other, to persuade the county legislature to donate the vacated site to the university authorities. The hearing was largely attended by professional and business men,—clergymen, doctors, lawyers, merchants, bankers, and citizens generally. In numbers and quality it indicated a strong movement in favor of the grant. Speak-

ers in favor of the exchange were first heard, among whom were Alderman Callanan, Principal Fosdick of the Masten Park high school, Miss Jane Meade Welch, John F. Mueller, Alfred Paget, Alfred Hurrell, Thomas Templeton, Rev. B. S. Ferrall, Alfred Harrison, Raymond Brown, Henry W. Sprague, Wilbur E. Houpt, John W. Williams, Dr. Lucien Howe, George S. Metcalfe, Frank H. Coffran, and Louis Wright Simpson.

A few speakers appeared in opposition, but no effective arguments were presented on that side of the question. The supervisors' committee had prepared a favorable report but it was voted by the full board to postpone final action for one week, the ayes being 26, and noes 22.

In the evening of the same day the Chamber of Commerce held its annual dinner at the Ellicott Club, at which the speaking was devoted to the subject of a greater university. Again Vice Chancellor Norton was heard to good effect and his forceful speech, couched in graceful rhetoric, told of earnest devotion to the cause. Dr. A. V. V. Raymond, former president of Union College, now pastor of the first presbyterian church in this city, made an eloquent plea in favor of the establishment of a college of arts, maintaining that though there were enough country colleges, there were not an adequate number in the centers of population. Carleton Sprague, Esq., spoke eloquently in favor of a greater university and then Mr. Henry Ware Sprague offered a resolution urging the supervisors to adopt the report of its committee releasing the almshouse site for the purposes named, the resolution being adopted by unanimous vote. And so ended greater university day.

The Doctor in Politics.

PROMPTED by the fact that seven doctors were chosen mayors of as many cities in New Jersey at the recent election, the *Evening Mail* (New York) makes appropriate comment under the above title, asseverating that the profession of medicine is coming into greater prominence in public life than ever before in this country. The *Mail* remarks, inter alia, that "In Dr. Leonard Wood the American army has a possible future commander-in-chief. Dr. Bensen has given New York a better administration of the department of street cleaning than it has had since Col. Waring's day. His predecessor, Major Woodbury, was a surgeon. In Dr. Gallinger, of New Hampshire, the medical profession has at least one representative in the federal Senate."

It may be added with appropriateness that in the House of Representatives, Dr. Hiram R. Burton, of Delaware, is an able

representative of the medical profession and one who does not fail on all proper occasions to advocate the advancement of the guild of medicine. In recognition his efforts in this direction he was elected one of the vice-presidents of the American Medical Association during its meeting at Atlantic City last June.

In nearly every city or larger town one or more physicians hold elective office. In Buffalo, Dr. H. H. Bingham was recently elected a member of the city council, an office he has held heretofore, we believe. Dr. Eugene Beach, of Gloversville, has been mayor of that city for several years. Dr. E. F. Brush, of Mount Vernon, has held the office of mayor more than once, and his last election was secured on an independent ticket. He triumphed over the candidates of both the great parties and has popularised his administration by securing many needed reforms.

In Europe it is not uncommon for medical men to hold high place in the councils and courts of even some of the greater nations. Virchow, it will be remembered, was a leader in the Reichstag for many years; while a later example of the doctors' success in politics is in the person of M. Clemenceau, the great French premier, who was educated as a physician and practised his profession in his earlier years. It is a matter of general knowledge that the great majority of the delegates to the Central American peace congress at Washington are physicians by education.

Referring again to the *Mail's* article, it says: "To the tasks of political life the doctor can bring his skill in diagnosis, his knowledge of pathological conditions, the ability to jolly the individual which is half his curative art, and a wide acquaintance with the people and needs of his district. He should make a good legislator. Every successful physician, indeed, is something of a politician in the treatment of his patients. Why should not the converse be true?"

We think this a just comment and one that gives forceful reasons why physicians may serve their fellow-citizens wisely in public life. A good physician should make a good officer, but we imagine many such an one would hesitate to take office that would entirely separate him from his professional work for any considerable length of time. However, it ought not to be difficult for a physician well-grounded in his profession to recover his lost or diminished practice within a reasonable time after his return to private life.

Dr. Charles A. L. Reed, of Cincinnati, has dealt extensively with this subject in a paper published some months ago in the *Journal of the American Medical Association*. The statistics given by Dr. Reed are interesting and the paper may be read with profit by all who wish to be well informed on this phase of public life.

Returning to the results of the election in New Jersey, which prompted us to these remarks, we think it fair to conclude that in the seven cities that have elected physicians as mayors—namely, Atlantic Highlands, Frenchtown, Paterson, Rahway, Summit, Trenton, and Washington,—there will be improved sanitation and rigid administration of public health laws and ordinances. If this should prove true it will be something for which to be thankful.

Wellcome's Photographic Exposure.

SO strong in these strenuous days, is the demand upon time and labor that, in every field of endeavor, devices and contrivances for the saving of both have found ready acceptance though, in accordance with past experience, many of them prove to be short lived or fall by the wayside. In no work is more good technic demanded throughout than in photography, and no sphere has the various products of ingenuity enabled the amateur to avail himself of the experience of the professional.

In no part of photographic work has the professional, as well as the amateur, been more perplexed or felt the need of something, than in the keeping of systematic records of exposures. Many charts, exposure records, and the like, have been brought out, but few have outlived their birth or filled the indication.

We have carefully looked over "*Wellcome's Photographic Exposure Record and Diary*" published by Burrough's Wellcome & Company, London and New York, and, in comparing its adaptation to the wants of those for whom it is intended, it can be truly said that it covers the ground in a more complete and satisfactory manner than anyother yet brought out. It covers, in a concise way, a most extensive field, taking special note of such features where open questions are involved, and gives decisions and recommendations with reasons for the same, which are as valuable as cogent.

It includes a consideration of developers, papers, toning, and goes largely into the question of timing, with simplified rules, applicable to all conditions and circumstances, and in such a way as to simplify this difficult part of the work and make available the results of experience and study, to such an extent as to make the amateur not only feel confident, but the professional secure. It contains forms for hundreds of exposure records, a dairy for every day in the year, and a calculator that is so simple and yet efficient as to satisfy the most exacting.

Space will not permit a detailed account of the range of its application. We can, though, without hesitation, say that with

its aid anyone—amateur or professional—could carry on his work under all circumstances without any other reference. It is unusually well gotten up, being substantial, attractive, and includes the best printing, paper and workmanship. It represents an enormous amount of labor, and is a working companion for the photographer who, once possessed of it, would part with it with the greatest reluctance. It is compact and can be carried in the vest pocket; and, to sum up, nothing could be more appropriate than its name—“*Wellcome*.”

Squibb's *Materia Medica*

FIFTY years ago Dr. E. R. Squibb, at the instigation of Dr. R. S. Satterlee, chief medical purveyor of the United States Army, established in Brooklyn a laboratory to supply the medical department of the army such products as might be required of him. Unfortunately, this laboratory was destroyed by fire in 1858, due to an explosion of ether, which so severely burned Dr. Squibb, himself as to disfigure him for life as well as cause him much suffering as long as he lived. The laboratory, thanks to the financial aid of the medical profession, was rebuilt in 1859, and has continued in operation since that time.

The writer well recalls when, as a young assistant surgeon in the army, he made his first requisition for drugs and appliances in 1861, and which was filled for the most part with Squibb's preparations. Especially is it remembered that during the entire war of 1861-5, Squibb's chloroform and ether were the only anesthetics employed by the writer. And in later years his acquaintance with Dr. Squibb, whom he first met at the meetings of the Medical Society of the State of New York, became one of the pleasantest memories of his life. No one familiar with the genial presence and manner of Dr. Squibb in those days could ever forget him.

Half a century of scientific pharmacy has made the name of Squibb famous throughout the world. Since the death of Dr. Edward R. Squibb the business has been carried on by his sons under the firm name of E. R. Squibb & Sons, and it is pleasant to know that the sterling principles of the father have descended to the sons, and that the firm name stands now for quite as much that is honest, scientific and efficient as ever. American medicine owes a debt of gratitude to the name of Squibb, and in token of fifty years of successful effort this famous house has issued a new edition of Squibb's *Materia Medica*, including a price list, which is the best pocket edition relating to this topic that has ever been published in English. Whatever bears the name of Squibb

in drugs or pharmaceuticals may be relied upon for its intrinsic worth and purity. We beg to offer our congratulations to this distinguished house upon attaining its golden jubilee.

Alexander Mactier Pirrie.

A CAREER of great promise has been cut short by the untimely death of Mr. A. Mactier Pirrie, who was a martyr to science. The son of the late Mr. Alexander Pirrie, C.E., he was born on October 2, 1882. He obtained his B.Sc., with honors in anthropology at Edinburgh University in 1904, and qualified as M.B., Ch.B. in 1906. He obtained the Carnegie Research Fellowship in anthropology and was appointed anthropologist to the Wellcome Research Laboratories at the Gordon Memorial College, Khartoum. He went out to the Soudan in the autumn of 1906.

Under the direction of Dr. Andrew Balfour, the Director of the Laboratories, Dr. Pirrie made his first expedition up the Nile to the southern limits of the Soudan and penetrated to remote parts of the Bahr-el-Ghazal. His second expedition took him to the borders of Abyssinia. On both occasions he passed through some of the most pestilential regions of Africa in connection with certain anthropological and physiological researches, appertaining to tropical diseases, upon which the laboratories are engaged.

Unfortunately he contracted tropical fever (kala-azar) and was so prostrated as to be compelled to return to England, leaving Khartoum on June 17, 1907. He rallied from the effects of the fever from time to time, but was compelled to enter Chalmers' Hospital, Edinburgh, in October. His death took place November 12, 1907.

He was interred at the Dean Cemetery, Edinburgh, November 15. The Gordon Memorial College, Khartoum, Sir William Turner, Principal and Vice-chancellor of the University, Mr. Wellcome and others were represented, and sent wreaths. A resolution of sympathy has been conveyed to the relatives from the trustees of the Gordon Memorial College, and expressions of sympathy have been received from the Liverpool School of Tropical Medicine, and other institutions and societies.

It is of interest to note that the first case of kala-azar found in Africa, except a case in Tunis, referred to by Laveran, was reported by Dr. Sheffield Neave, pathologist to the Wellcome Research Laboratories, Khartoum. Dr. Neave found the Leishman-Donovan body, the parasite of kala-azar, in the splenic blood of a patient in the Omdurman Civil Hospital. The discovery is noted by the Director in the Second Report of the Laboratories.

Dr. Pirrie presented a paper on his African expeditions at the last meeting of the British Association for the Advancement of Science, but was prevented from being present on account of his illness. He brought back a most valuable collection of objects of scientific interest. At intervals during his illness he was engaged on his report to the Carnegie Institute and the Wellcome Research Laboratories, Khartoum, for which institutions he acted jointly in the important work he carried out in the Soudan.

WHITELAW REID, American Ambassador to the Court of St. James's and Chancellor of the University of the State of New York, who on December 20, 1907, returned to America for the holidays, presided December 21st, at the annual meeting of the State Board of Regents at Albany. These appointments on college and academic councils were announced:

Convocation—Edward L. Stevens, New York; college, President Langdon C. Stewardson of Hobart College; academic, E. R. Whitney, Binghamton; library, Frank P. Hill, Brooklyn (re-appointed); medical, Dr. Egbert Le Fevre, New York.

Advisory Council of Nurse Training Schools—Annie W. Goodrich, New York; Mrs. C. N. Simpson, Albany; Miss M. L. Jones, Rochester; Ida M. Root, Gloversville; Dr. William L. Russell, Poughkeepsie.

The Regents also filled vacancies on state professional boards as follows:

State Board of Nurse Examiners—Mary E. May, of the Willard State Hospital.

State Board of Examiners of Certified Public Accountants—Henry A. Niles and Duncan MacInnes, of New York City; Thomas B. Dixey, Albany.

The Regents also approved the establishment of reciprocal relations in medical licensure between the states of New York and Vermont.

DR. EUGENE H. PORTER, state commissioner of health, has taken another important step in the warfare against tuberculosis. Late last month, that is to say, December 23, 1907, he appointed an advisory board, composed of experts on tuberculosis, "to give to the state department of health such advice and suggestions as in their wisdom and expert knowledge, they may deem proper and expedient." All those appointed have signified their willingness to serve. They are:

Edward B. Baldwin, Saranac; George W. Goler, Rochester; Willis G. Macdonald, Albany; Veranus M. Moore, Ithaca; John

H. Pryor, Buffalo; William H. Watson, Utica; Thomas Darlington, Alfred Meyer, Livingston Farrand and Homer Folks of New York. Dr. Porter stated that Governor Hughes has approved the course he has taken and that the legislature will be asked for an appropriation of \$50,000 to carry on the proposed work.

THE State of Illinois has amended its practice act, authorising the state board of health to establish a standard of preliminary education and to require satisfactory proof of the enforcement of this standard by medical colleges. It is left to the board to determine as to what constitutes satisfactory proof; but it is provided that examinations of applicants for admission conducted by the faculty of a medical college shall not be recognised. The diploma of an approved four-year high school or its equivalent, or the certificate of a state superintendent of public instruction shall be accepted as satisfactory evidence of preliminary qualifications. This confers upon the board appropriate powers and fixes the responsibility as to preliminaries where it belongs. This legislation is in the line of progress.

CHAMPE S. ANDREWS, Esq., Counsel for the Medical Society of the County of New York, in his annual report recently made to the society (*Medical Record*, December 14, 1907, p. 1006) states that the total number of persons prosecuted since the last annual report was 80 under the old law, and 700 under the new law; the total number convicted under the old law was 47, under the new law 439; cases disposed of otherwise than by conviction, 9 under the old law and 180 under the new law. There were 20 cases still pending, and four persons were imprisoned. The aggregate fines imposed under the old law amounted to \$4,675; under the new law, \$35,062.95.

APOLLINARIS, the Queen of table waters, has never been surpassed as a beverage for sick or well persons. No well appointed dinner function is complete without it. It has never ceased to be a favorite with people of refinement since it was first bottled for general use. It is the water above all others that should be prescribed by physicians to patients with delicate stomachs who need a sparkling non-vinous drink. Apenta is another water supplied by the Apollinaris Company, which is invaluable when a mild laxative is needful, it being the best natural aperient water bottled in Hungary.

SUPERINTENDENT EMERSON, in his annual report as superintendent of education, calls attention to the lack of regular medical

inspection in the schools of Buffalo. If it is admitted that schools are natural centers of infection, then there should be adequate medical inspection. Buffalo should no longer shirk its duty in this matter. It is as important to inspect the schools as the tenement houses; it is more important than to provide ward physicians to attend the sick; just as it is more important to attempt to prevent disease than to assume to cure it.

MOET & CHANDON White Seal Champagne, vintage of 1900, is a wine that should claim first attention from those who enjoy and prefer the best at every dinner where champagne is served; and especially should it be served at social functions during the holiday season. But of most interest to physicians is the fact that, owing to its purity and its delicacy of flavor, it is the wine, *par excellence*, for the sickroom whenever a sparkling, fruity champagne is needed.

THE French army medical corps, according to the *Tribune*, intends to develop the use of dogs in connection with ambulance work. This step is taken in consequence of the success of some trials carried on at the autumn manœuvres. An intelligent collie named Nelly, which, despite its English name, is German born and bred, specially distinguished herself after one sham fight by guiding the ambulance men to a hundred "wounded" men hidden in a wood. This dog was trained in less than a month.

AFTER being warned so much and so long as to the danger of infection from soiled banknotes, it comes with something of a jolt to hear from Dr. Doty, as published elsewhere in this issue, that there is "nothing in it," that dirty money does not spread disease, and that we need not be afraid of handling it. Well, we are glad to hear it; it will take away some of the scare we have always felt about filthy leure.

CALOX, the oxygen tooth powder, is recommended by physicians because it is constructed on sound chemical principles, combining lime and oxygen in such a manner as to destroy pyogenic surfaces without doing harm to the adjacent tissues. It is a dentifrice which should be found among the toilet articles of every refined man and woman.

PERSONAL.

CAPTAIN J. CARLISLE DEVRIES has been appointed national secretary of the Society of the Porto Rican Expedition during the Spanish War. Dr. DeVries's address is Watkins, N. Y., and those eligible for membership in the society may address him there. A surgeon in the National Guard of New York, Dr. DeVries entered the army as an assistant surgeon, accompanied General Miles to Porto Rico, and served as acting brigade surgeon with the rank of Major on the staff of Brigadier General O. H. Ernst. His reports of the work during the time of the expedition are of great interest and bring out many facts in connection with the diseases peculiar to the islands which have been of value to his successors.

DR. JANE W. CARROLL, of Buffalo, Supreme Medical Examiner of the Women's Catholic Benevolent Association, has recently issued a report giving a detailed statement of the work from June 15, 1904, to June 15, 1907, in which valuable statistics are given.

DR. BRANSFORD LEWIS, professor of genitourinary disease in the University of Saint Louis, will read a paper before the Buffalo Academy of Medicine, January 7, 1908. The subject of Dr. Lewis's dissertation is, "A discussion of practical cystoscopy, with a presentation of examining, catheterising, and operative cystoscopes." Professor Lewis is one of the most prominent specialists in his chosen department of medicine residing in the middle west, and his reputation as an author and teacher is such as to justify the expectation of a large attendance at this meeting.

DR. KENNETH W. MILLICAN, of Chicago, was tendered a banquet at the Columbian Club, Saint Louis, Friday evening, November 8, 1907, which was attended by sixty of his professional friends. A number of excellent speeches were made and a gold watch was presented to Dr. Millican in token of the esteem in which he was held by the Saint Louis profession. The trend of feeling as developed by all the speeches was general regret at Dr. Millican's removal from Saint Louis to Chicago.

DR. DAVID E. WHEELER, of Buffalo, has removed from 525 to 391 Delaware Avenue. Hours: 2.00 to 3.00 and 7.30 to 8.30 P. M. except Saturday; Sunday, 2.00 to 6.00 P. M. Bell telephone, Tupper 1355.

OBITUARY.

DR. GEORGE FREDERICK SHRADY, of New York, died at his home November 29, 1907, aged 70 years. He suffered from pyemia as a sequence of cholelithiasis, his illness being of two weeks duration. Dr. Shradý was a native of New York, where he was born January 14, 1837. His preliminary training was received in the public schools and his academic education at the Free Academy, which afterward became the College of the City of New York, and he received his doctorate degree from the College of physicians and surgeons in 1858, being awarded the Wood intercollegiate prize for proficiency in anatomy. He served as interne in the surgical division of the New York hospital and became an assistant surgeon during the civil war. Near the close of hostilities he resumed practice in New York. He acquired stenography in his earlier years, hence his services became valuable in reporting the meetings of medical societies for which purpose these bodies often employed him.

Dr. Shradý founded the *Medical Record* in 1866, and continued as its editor for thirty-eight years, resigning his position in July, 1904. In addition to his work as editor he was a frequent contributor of papers of a popular character to lay magazines. His contributions to medical literature were many and able, being chiefly of a surgical nature. He was a surgeon first, and then an editor, adorning both positions by his skill and erudition.

Dr. Shradý lent his powerful influence as editor of the *Medical Record* toward freeing the profession of the Empire State from the incubus of the antiquated code of ethics, and fortunately lived to see the full fruition of his hopes and labors in the final abolishment of that useless instrument by the American Medical Association. Besides being a great surgeon and a great editor, Dr. Shradý was a genial gentleman of polished manners, with the kindest of hearts. It was one of the pleasures of the life of the writer to have enjoyed the personal friendship of this charming gentleman.

Dr. Shradý was visiting surgeon to St. Francis's Hospital for twenty years, and was consulting surgeon there for over six years past. He was also consulting surgeon to the Hospital for Ruptured and Crippled, the Columbus Hospital, the Fordham Home for Incurables, the General Memorial Hospital, the Red Cross Hospital, the Vassar Hospital at Poughkeepsie, and the Hackensack Hospital, New Jersey, and was at one time attending surgeon to the Presbyterian Hospital. He was a member of the Medical Societies of the County and of the State of New York,

of the New York Academy of Medicine, of the Practitioners' Society of New York, of the New York Pathological Society, of the Harvey Society, of the American Medical Editors' Association, and of the American Academy of Medicine; and of the Metropolitan, the Ardsley, and the Jekyl Island (Ga.) Clubs. He is survived by his wife, three sons, and a daughter.

MR. WILLIAM H. S. WOOD, of New York, senior member of the firm of William Wood & Company, died at his home, December 11, 1907, aged 67 years. He was the son of William Wood and the grandson of Samuel S. Wood, the latter being the founder of the great publishing house of Samuel S. and William Wood, which later assumed the name of William Wood & Company. In 1866, he established the *Medical Record*, Dr. George F. Shrady becoming its first editor. By a singular turn of fate these two distinguished men passed away within a few days of the same time. Later, Mr. Wood purchased the *American Journal of Obstetrics*, then edited by Dr. Paul F. Mundé and now by Dr. Brooks H. Wells. These two medical periodicals under these editors and publishers each soon became the greatest of their class and have so remained until the present time. Mr. Wood was an active citizen taking interest in public affairs and becoming a member of many important societies. He was noted for his philanthropic liberality as well as for his sterling integrity of character and tender heartedness toward those who needed aid and counsel. A wife, three sons and a daughter survive.

DR. JAMES W. CASEY, of Rochester, N. Y., died at his home November 18, 1907, aged 73 years. He graduated at the University of Buffalo in 1862, and served as assistant surgeon of the 105th volunteer infantry during the civil war. He was a member of several medical societies and served on the staff of St. Mary's Hospital for nearly forty years.

DR. THEODORE WOODWARD BARTON, of Waterford, Pa., died at his home November 15, 1907, of pneumonia, aged 71 years. He graduated at the University of Buffalo in 1862; was a member of the Medical Society of the State of Pennsylvania and of the Medical Society of the County of Erie in that state.

DR. SAMUEL HOUSTON, of Washington, D. C., medical referee of the bureau of pensions, died at Garfield Hospital, November 17, 1907, aged 65 years. He graduated at Georgetown University

School of Medicine in 1868, and had been connected with the U. S. Pension bureau in an official capacity for more than twenty-five years. He was a capable officer and enjoyed the confidence of his professional and official colleagues.

DR. RICHARD MORRIS, of Vassar, Mich., died at his home November 27, 1907, of pneumonia, aged 61 years. He graduated at the University of Buffalo in 1870, and served for several years as sheriff, coroner and health officer in his home county and village.

DR. JAMES ALBERT OLIVER, of Steubenville, O., died at his home from erysipelas, December 1, 1907, aged 55 years. He graduated from the medical department of Niagara University in 1896.

DR. HENRY PATTERSON LOOMIS, of New York, professor of therapeutics and clinical medicine at Cornell University, died from pneumonia at his home December 22, 1907, aged 48 years. He was a son of the late Dr. Alfred L. Loomis and a former president of the American Academy of Medicine. He is survived by Mrs. Loomis and two children.

SOCIETY MEETINGS.

THE Medical Society of the County of Montgomery celebrated its one hundred and first anniversary at the Central Hotel in the city of Amsterdam, Wednesday evening, December 12, 1907, where a banquet was served to the members and guests of the society. Dr. Charles Stover served as toastmaster and a number of well appointed speeches were made by Dr. F. C. Curtis, President of the Medical Society of the State of New York, who spoke for that body; Dr. D. C. Moriarta, of Saratoga, whose theme was the fourth district branch; Dr. C. B. Mosher, of Johnstown, who responded to the Medical Society of the County of Fulton; Dr. W. G. Macdonald, who spoke for the Albany Medical College; Dr. Andrew McFarlane, who took the place of Dr. A. Vander Veer; Dr. G. G. Lempe, who responded for the Medical Society of the County of Albany; Dr. George W. Bates, of Schenectady, who made an impromptu speech; and Dr. Hicks who also spoke without a subject. Those present at the dinner were:

Charles Stover, Archibald Gilbert, J. R. Fairbanks, W. R. Pierce, William M. Dwyer, D. M. Taylor, Richard R. Canna, John Warner Kniskern, T. G. Hyland, F. A. Husted, E. J. Collier, E. F. Bronk, E. C. LaPorte, J. B. Conant, E. K. Macomber, A. V. H. Smyth, Horace M. Hicks, L. A. Frazier, R. G. Johnson,

E. E. Rulison, C. F. Timmerman, S. H. French, George H. Loadwick and William J. Kline, Amsterdam; William C. McCulloch, Nelson Everest, S. H. Rabuck, George Lenz, C. A. Sternberg, William Clark Wood, Charles E. Paunael, Charles M. Lefler, W. S. Carnsey, John Edwards, R. J. Palmer, J. J. Beard, R. L. Ellithorp and S. C. Clemans, Gloversville; M. Somers, C. B. Mosher, F. Beebe, J. K. Young, C. B. Walrad, E. A. Stapleton, J. D. Vedder, J. W. Joslin and D. V. Still, Johnstown; F. E. Simons, Canajoharie; A. MacFarlane, Arthur J. Bedell, J. W. Vander Veer, A. H. Traver, H. Judson Lipes, George Gustave Lempe, Willis Goss Macdonald, Arthur Wells Elting, F. C. Curtis and H. E. Lomax, Albany; E. T. Rulison, George W. Bates, W. Faust, Schenectady; C. L. Meyer, Stone Arabia; W. J. Peddie, O. Z. Bouton, Fultonville; A. B. Foster, J. W. White, Fonda; H. W. Coffin, Glens Falls; Free J. Resseguie, D. C. Moriarta, Saratoga; H. R. Biggar, Glen; Peter L. Suits, Tribes Hill; W. D. Garlock, Little Falls; W. H. De La Mater, Minaville; Douglass Ayres, C. E. Congdon, Fort Plain.

THE Buffalo Academy of Medicine held meetings during November and December as follows:

Section on Surgery.—Wednesday evening, November 6.

Program: Report of case of foreign body removed from the bladder with operating cystoscope, David E. Wheeler; (a) facial-hypoglossal anastomosis, with illustrations on the cadaver, George F. Cott; (b) vesicular diseases, Nelson W. Wilson.

Section on Medicine.—Tuesday evening, November 12. Program: Care of infant during first week of life, Dewitt H. Sherman; recurrent empyema, J. H. Pryor.

Section on Pathology.—Tuesday evening, November 19. Program: The shape and relations of the stomach; remonstrations of specimens, Professor A. T. Kerr, Professor of Anatomy, Medical Dept., Cornell University, Ithaca, N. Y.

Section on Obstetrics and Gynecology.—Tuesday evening, November 26. Program: (a) impotence in the female, J. Henry Dowd; (b) legal status of the unborn infant, Hon. John Lord O'Brian.

Section on Surgery.—Tuesday evening, December 3. Program: (a) electrical anesthesia, James E. King; (b) local anesthesia in minor and major surgery, Lawrence Hendee; (c) temporary anesthesia, H. B. Huver. (d) anesthesia by laughing gas, laughing gas and oxygen.

chloroform and oxygen and ether by rectum, Prescott L. LeBreton; (c) post-operative complications of anesthesia, Roswell Park.

Section on Medicine.—Tuesday evening, December 10. Program: Fundamental principles of Therapeutics, John H. Musser, Philadelphia.

Section on Pathology.—Tuesday evening, December 17. Program: The placental transmission of tuberculosis, lantern slides, Alfred S. Warthin, Ann Arbor, Mich.

THE Medical Union at its annual meeting held Wednesday evening, December 18, 1907, elected the following named officers for the ensuing year: president, Vertner Kenerson; vice-president, Edward J. Meyer; secretary and treasurer, F. B. Rasbach.

THE Dunkirk and Fredonia Medical Society held a semiannual meeting and banquet at the Erie Hotel, Dunkirk, December 11, 1907. Sixteen members were present. At the business meeting Dr. C. H. Richards read a paper. The following named officers were elected for the ensuing year: president, William J. Perish of Fredonia; vice president, John A. Weidman of Dunkirk; secretary and treasurer, Joseph Rieger of Dunkirk.

THE Medical Society of the County of Chautauqua, held its annual meeting at the Erie Hotel, Dunkirk, Tuesday, December 10, 1907.

The morning session was called to order at 11 o'clock by Dr. C. H. Richards of Dunkirk, president of the society. At this session three new members were taken into the society, namely, R. B. Blanchard of Jamestown, May Gibson Waters of Hamlet, W. C. Duke of Fredonia.

At the afternoon session papers were read by C. H. Richards of Dunkirk, Morris N. Bemus of Jamestown, Fred C. Rice of Ripley, A. F. Soch of Fredonia, and C. W. Southworth of Forestville. Dr. DeLancey Rochester of Buffalo, president of the eighth district branch, read an interesting paper on prognosis and treatment of chronic valvular disease of the left heart. The following named officers were elected for the ensuing year: president, B. S. Sweetland of Jamestown; first vice-president, Morris N. Bemus of Jamestown; second vice-president, Edgar Rood of Westfield; secretary and treasurer, H. A. Eastman of Jamestown reelected.

THE Rochester Academy of Medicine recently held meetings as follows:

Friday evening, November 15. Program: A working formula for the treatment of general peritonitis, W. B. Jones; report of a case of primary sarcoma of the lung, F. W. Seymour (by invitation).

Wednesday evening, November 27. Program: treatment of nephritis, Seelye W. Little.

Tuesday evening, December 10. Program: (a) report of case of trauma of frontal lobe; (b) discussion of recent advances in problem of aphasia and localisation, with lantern illustrations of serial sections, Adolph Meyer, of Pathological Institute of the State Hospitals of the State of New York (by invitation).

ACTIVE preparations for the International Congress on Tuberculosis to be held in Washington next September, are under way in other countries. The National Committees for France, Germany, Sweden, Austria, Holland, Greece, Bulgaria, Cuba, Venezuela, Brazil and Costa Rica have organised and have forwarded their membership lists to the secretary-general. The French committee has a membership of over three hundred and includes men of prominence in public life as well as in the medical profession. The officers of this committee are president, Dr. Louis Landouzy of the medical faculty of the University of Paris; vice presidents, Dr. Faisans of the University of Paris, Prof. Vallée, the eminent veterinarian, of Alfort, Dr. F. Bezancon of the University of Paris, and Dr. Le Gendre; secretaries, Dr. Triboulet, Secretary-General of the last International Congress, which was held in Paris three years ago, Dr. Nobecourt, Dr. Leon Bernard, Dr. Dehan, and Dr. Georges Bourgeois; treasurer, M. Masson.

The Secretary of the German Committee Dr. Johannes Nietner, was Secretary-General of the recent International Congress on Hygiene and Demography. Other members of the Committee are Dr. Gotthold Pannwitz, Secretary-General of the International Tuberculosis Association, Dr. B. Frankel, Dr. Ernst von Leyden, Professor emeritus of the University of Berlin, and Dr. Johannes Orth, Professor of Pathology in the University of Berlin.

Dr. N. P. Tenderloo, of Leyden, another well-known pathologist is a member of the Committee for Holland. Dr. P. K. Pell, of the University of Amsterdam, is chairman of that committee, and Dr. W. J. von Gorcum of The Hague is the secretary.

Dr. A. Herrera Vegas, the Chairman of the Venezuelan committee is president of the Venezuelan Anti-tuberculosis League, and a member of the National Academy of Medicine at Catacas. Dr. P. Acosta Artiz, the vice-president, is a director of the hospital at Vargas, and Dr. L. Razetti another member of the committee is vice-rector of the University of Venezuela, and permanent secretary of the National Academy of Medicine. All of the members of Brazilian committee are actively identified with the anti-tuberculosis movement in that country. The Committee includes Dr. J. J. Azevedo Lima, of Rio Janeiro, President of the Brazilian Anti-tuberculosis League; Dr. Oswaldo Cruz, Director-General of the Department of Public Health; Dr. J. J. Seabra and Dr. Cypriano de Freitas, of Rio de Janeiro.

The president of the Cuban Committee is Dr. Guiteras formerly professor of pathology in the University of Pennsylvania and now at the University of Havana. Dr. J. L. Jacobsen the vice-president is president of the Cuban Antituberculosis League. The secretary is Dr. M. G. Lebrede of Havana. Two well-known members of this committee are Dr. Aristides Agramonte, the last surviving member of the famous yellow fever commission of the United States Army, and Dr. Carlos J. Finlay who was recently awarded the Mary McKinsley medal by the Liverpool Association for the Study of Tropical Diseases.

Dr. B. Patrikios, the Chairman for the committee for Greece is Secretary of the Department of Health of Greece, and Secretary-General of the Greek Red Cross Society. Dr. Aristote Kouzis, the Secretary is a professor of the University of Athens. Dr. Constant Savas, a member of the Committee is Professor of Hygiene in the University of Athens, and is physician to the King of Greece; Dr. P. Manoussos is the principal medical director of the military hospital at Athens; Dr. Kalliontzis is professor of surgery and Dr. Pierre J. Rondopoulo is professor of pathology at the University of Athens.

The Hon. Otto von Printzkold, the Chairman of the Swedish Committee, is the first chamberlain of the Swedish court. The secretary, Dr. Bertil Buhre, is the president of the great Swedish Anti-tuberculosis League, the largest volunteer association of the kind in existence.

The Costa Rican Committee has named Dr. Louis P. Jiminez chairman, and Dr. Teodoro Picado, of San Jose, secretary. Other members are Dr. Teodoro Prestinary, Dr. Benjamin Hernandez and Dr. Marcos Zunega, all of San Jose.

Three chairmen have been named by the Austrian Committee. They are Prof. Leopold v. Schrotter, of the Medical Faculty of

the University of Vienna; Dr. Weichselbaum and Dr. Richard Paltauf, of the Department of Pathology of the University of Vienna. The secretaries are Dr. H. v. Schrotter, Dr. L. Teleky and Dr. J. D. Bartel.

Dr. M. Rousseff, director of the Department of Health of Sophia, is president of the Bulgarian Committee; Dr. Ivan Ognianoff, secretary of the Superior Board of Health at Sophia, is Secretary, and the members include Dr. Georghi Zolotovitch, Dr. Ivan Theororoff, director of the Sanatorium for Tuberculosis at Trojan, and Dr. S. A. Valcovitch.

THE Sixteenth International Medical Congress at Budapest in 1909. The fifteenth International Medical Congress held in Lisbon, have chosen Budapest, the capital and residence of Hungary, for the site of their next assembly, and the preliminaries are already in process.

His Imperial and Apostolic Royal Majesty the King has graciously taken upon himself the patronage of the ensuing congress. The state and town have each contributed 100,000 crowns to defray the expenses.

The committee for the organisation, execution, disbursements and reception, as also for the sections is already formed and the statutes are drawn up. There are 21 sections, each branch of science having a separate section assigned to it. The date of the opening is fixed for August 29, 1909, and the sessions will be continued till September 4.

There is every reason to presume that the congress will be well attended. Hitherto they have shown an attendance of from 3,000 to 8,000 participants. Judging from the geographical situation of Budapest, at least from 4,000 to 5,000 participants may safely be reckoned upon.

The managers of course, attach the utmost importance to the scientific activity of the congress, and every effort is being made to win over the most prominent representatives of medical science.

The first circular, which will contain every necessary information as well as the statutes, will be ready for circulation in the course of the year 1907. Meanwhile the Secretary-general of the congress (Sixteenth International Medical Congress, Budapest, Hungary, VIII., Esterhazy-utcza 7), will have much pleasure in giving information to inquirers.

PROGRESS along the lines connected with the International Congress on Tuberculosis which is to take place in Washington from September 21 to October 12, 1908, was shown by the reports presented at a meeting of the committee of arrangements, held in New York, at the Associated Charities Building, Monday evening, October 28. Dr. Lawrence F. Flick of Philadelphia, chairman of the committee presided, and the other members present were Dr. Joseph Walsh, Philadelphia, secretary; Dr. John S. Fulton, Washington, secretary-general; Mr. William H. Baldwin, Washington; Dr. Hermann M. Biggs, New York; Dr. Frank Billings, Chicago; Mr. Edward T. Devine, New York; Mr. Livingston Farrand, New York; Dr. J. C. Greenway, Greenwich, Conn.; Dr. Charles J. Hatfield, Philadelphia; Dr. Abraham Jacobi, New York; Dr. Alfred Meyer, Mrs. James E. Newcombe, New York; Gen. George M. Sternberg, Washington, and Dr. William H. Welch, Baltimore.

The meeting was the first held since Dr. Flick's return from abroad and his reports of his visits to the International Conference on Tuberculosis in Vienna and to the International Congress on Hygiene and Demography, at Berlin, were interesting features of the session. More than a thousand delegates were registered at Vienna, he said, and the gathering at Berlin was quite as large. The leading men in both associations are looking forward with a great deal of enthusiasm, Dr. Flick said, to the meeting in Washington, next year, and about four hundred of the members of the foreign organizations may be expected to attend the Congress. The Conference selected this country as its place of meeting in 1908 just as the Congress did two years ago. The Conference and the Congress are two distinct organizations. The International Conference on Tuberculosis meets every year and keeps up a continuous organization with headquarters in Berlin. The International Congress on Tuberculosis meets only once in three years and does not maintain an international bureau in the internals. Dr. Flick stated that at the International Conference, interest centered especially in the time-worn subject of the routes of invasion for the tubercle bacillus. It seems to have been demonstrated that the disease may be contracted by both the respiratory route, and the alimentary route. Though this does not make us much wiser in a practical way, still it is somewhat comforting to know that the respiratory route is less important than it was once thought to be. On the other hand that information is compensated by the importance of the alimentary route.

In connection with the account of the progress made in the preliminary arrangements for the International Congress on Tuberculosis, Dr. John S. Fulton, the secretary-general, reported that ten distinguished foreigners have consented to participate in the series of special addresses that are to form a part of the program. The names of these eminent specialists follows: Dr. R. W. Philip, Edinburgh; Dr. C. Theodore Williams, London; Dr. Arthur

Newsholme, health officer, Brighton, England; Dr. C. H. Spronck, Utrecht, Holland; Dr. Karl Turban, Davos-Platz, Switzerland; Dr. Gotthold Pannwitz, Charlottenburg; Dr. Emil von Behring, Marburg; Dr. A. Calmette, Pasteur Institute, Lisle, France; Dr. Maurice Letulle, Paris; and Dr. S. Kitasato, Tokyo, Japan.

Reporting on the formation of State committees, the secretary-general said that such committees had been appointed in nearly all of the States in the United States; that several have already organised and are earnestly at work. He reported also that replies have been received from various foreign countries in reference to the appointment of committees, and the replies indicate that the countries addressed will be represented in nearly every instance by exhibits as well as by delegates.

COLLEGE AND HOSPITAL NOTES.

THE Board of Directors of the Hospital for Deformities and Joint Diseases sent an invitation to the JOURNAL to attend the dedication of the opening of the recent addition to the present Hospital, 1917 Madison Avenue, between one hundred and twenty-third and one hundred and twenty-fourth streets, New York. The exercises were held Saturday afternoon, November 9, between the hours of two and six o'clock. It is a matter of regret that we are unable to attend.

THE Hahnemann Hospital, which is the new name for the Buffalo Homeopathic Hospital, has purchased a fine site, at the corner of Linwood and Lafayette Avenues. The trustees of the reorganised institution paid about \$25,000 for the property which was owned by Andrew Langdon and F. L. C. Atherton. The site is composed of three lots with depths of about 300 feet and an aggregate frontage of 300 feet on Linwood avenue. Building will probably begin in the spring. The trustees are raising a fund of \$100 000 for the new institution.

THE Marine Hospital, which has been noticed in these columns several times as very nearly an accomplished fact, at last seems to be getting a fair start. A press despatch from Washington a few days ago said that, the Treasury department will advertise for bids for the construction of the Marine Hospital in Buffalo soon after the first of January. The plans have been redrawn to secure bids within the \$90 000 available.

BOOKS AND AUTHORS.

The Practical Medicine Series of Year Books. Ten volumes. Issued under the general editorial charge of **Gustavus P. Head, M.D.**, Professor of Laryngology and Rhinology in the Chicago Post-Graduate Medical School. Vols. 1, 2 and 3, General Medicine, Surgery, Eye, Ear, Nose and Throat. Series 1907. Chicago: The Year Book Publishers. (Price, \$1.25, \$1.50, \$2.00; entire series, \$10.00.)

Volume I. *General Medicine*.—Something over one hundred pages in this number are devoted to the consideration of pulmonary tuberculosis, in the course of which valuable hints are given with reference to all clinical phases of the disease,—diagnosis, the employment of tuberculin, the opsonic index, and the serums being especially dealt with. The other diseases of the lungs and affections of the pleura next follow, all being liberally considered. Diseases of the heart and bloodvessels, too, are given ample treatment; then diseases of the blood-making organs receive due attention. Rheumatism, also, has an excellent handling and, finally, diseases of the kidney are set forth. These are the salient features of the book, though there are several other topics dealt with.

Volume II. *General Surgery*.—This entire volume is prepared by John B. Murphy, and he has filled it with good things. An article by J. L. Thomas commenting on modern fashions in surgery is liberally abstracted; considerable attention is given to operative technic; anesthesia receives much attention, and the whole subject of mechanical therapeutics is gone over. The work of the Mayo Brothers in stomach surgery and Murphy's own work in intestinal surgery furnish interesting and instructive reading. The abstracting of the whole volume has been made with discrimination, and affords valuable information in a nutshell.

Volume III. *The Eye, the Ear, the Nose and Throat*.—This is an exceedingly instructive volume and, like the other number just noticed, has been judiciously abstracted. It is a book that specialists may examine with profit, while to the general practitioner who wishes to keep pace with the progress of medicine it is indispensable.

Human Anatomy, including Structure and Development and Practical Considerations. Edited by **George A. Piersol, M.D.**, Professor of Anatomy in the University of Pennsylvania. Royal octavo, pp. 2108. With 1734 illustrations, of which 1522 are original and largely from dissections by John C. Heisler, M.D., Professor of Anatomy in the Medico-Chirurgical College. Philadelphia and London: J. B. Lippincott Company. (Price, \$7.50.)

At first thought one is liable to ask if there is need of or room for another anatomy; and the answer if given before an examination is made of this work is liable to be in the negative. But once to examine is to be convinced. Whether this work is judged by the number and quality of its illustrations; or the ex-

cellence of its descriptive text; or, again, by the voluminosity of its pages, these one or all serve to give the book an individuality that makes it a superb exposition of the science of anatomy as at present understood. Moreover, the editor himself, Piersol, is recognised as one of the foremost anatomists that America has produced; he teaches anatomy in one of the first American medical schools, and he has associated with him in the preparation of this work a group of experts that cannot be excelled. These are conditions that conspire to the successful making of a splendid book like this, and the result is all that can be desired.

Here, then, is a treatise that comprises over two thousand pages, containing seventeen hundred and thirty-four illustrations of which over fifteen hundred are original, the latter being largely from dissections made by John C. Heisler, one of the staff of contributors. Add to this the superb workmanship of the publishers, and it would be difficult to conceive a more perfect combination of skill and science, from which to evolve such a book.

It may be remarked, further, as a matter of national pride that this is the first entirely American anatomy in text, illustrations, and printing, and as such it may well appeal to Americans as a distinct novelty even in American medicine. Finally, it is doubtful if more labor or money has been expended heretofore, on any single volume relating to the literature of medicine.

It is not necessary to accord such a book a detailed review; it would be quite impossible within reasonable magazine limits; besides it is doubtful if the reader would be patient under such an affliction. It is a work that must be seen to be appreciated; its beautiful engravings, many in color, are quite beyond adequate pen descriptions, while the whole scheme of the book is stamped with artistic and scientific beauty and value.

Diseases of Infancy and Childhood. Their Dietetic, Hygienic, and Medical Treatment. A textbook designed for practitioners and students in medicine. By **Louis Fischer**, M.D., Visiting Physician to The Willard Parker and Riverside Hospitals, New York. With 303 text illustrations, several in colors, and twenty-seven full-page half-tone and color plates. 979 royal octavo pages. Philadelphia: F. A. Davis Company. (Cloth \$6.50; half morocco \$8.00, net prices.)

This book is divided into twelve parts: I. The newborn infant. II. Abnormalities and diseases of the newly-born. III. Feeding in health and disease. IX. Disorders associated with improper nutrition and diseases of the alimentary tract. V. Diseases of the heart, spleen, liver, pancreas, peritoneum and genitourinary tract. VI. Diseases of the respiratory system. VII. The infectious diseases. VIII. Diseases of the blood, lymph nodes, and ductless glands. IX. Diseases of the nervous system. X. Disease of the eye, ear, skin and abnormal growths. XI. Diseases of the spine and joints. XII. Miscellaneous.

This is an excellent classification and indicates a familiarity on the part of the author with the clinical pictures of disease.

Knowledge of a subject by an author is indicated by the orderly manner in which he deals with it. This author lays great stress on diagnosis which is another good indication of his ability. His experience as a teacher of the diseases of children at the New York Post-graduate Medical School and Hospital has stood him in good stead as an author.

Not by any means the least important part of this book is the illustrations. Most of the articles are illustrated clinically or pictorially, one or both, and the pictures are for the most part from original photographs or drawings. The value of good illuminations of the text in a work on diseases children is to be specially emphasised here, because they aid more than in any other treatise, unless it be one on surgery.

As a last word we speak of the importance the author gives to pathology. He has given bacteriology, too, its proper consideration; indeed, laboratory aids to diagnosis have been invoked wherever they could be made serviceable. It is one of the most useful books of the year and will take a high place in the literature of pediatrics.

Gynecology and Abdominal Surgery. Edited by **Howard A. Kelly**, M.D., Professor of Gynecologic Surgery at the Johns Hopkins University, and **Charles P. Noble**, M.D., Clinical Professor of Gynecology at the Woman's Medical College, Philadelphia. Imperial octavo, vol. 1, pp. 851. Illustrated by Herman Becker and others.

This remarkable work, appearing now in its first volume, promises to supplement the literature of gynecology, though already somewhat over-crowded, in a useful way. The editors are experienced men and so are the other contributors, hence the material as might be anticipated, is of the better sort. We are pleased to observe the coupling of gynecology and abdominal surgery in the title of the book, as well as to read in the opening paragraph of the preface a manly defense of gynecology against the aspersions of some so-called general surgeons. The fact is that gynecology set the pace in all surgery of the lower cavities of the body, and established a technic so simple and perfect for surgery of the pelvis and abdomen that comparatively few general surgeons have approached it. Hence there is little wonder that the mortality rates of the gynecological surgeon are so much lower in this class of surgery.

The attention is arrested at once upon opening this book by the fact that the classification is unusual, it being adapted to the particular needs of the general practitioner, and to aid the general surgeon, who, as a matter of course, is not so familiar with gynecologic methods. Another striking feature of this work is a section devoted to medical gynecology, which some have supposed to be a "lost art." Again, it is a notable point that certain obstetrico-gynecologic topics are introduced, which include such obstetric diseases as require operative treatment.

Finally, and one is almost tempted to say most importantly, is the question of the illustrations. Like all other medical works, Kelly has written or taken part in, this one is superbly illustrated. The drawings of operative procedures are true to nature and depict the work being done with almost as much benefit as if it were performing in the clinic.

Diagnostics of Diseases of Children. By **LeGrand Kerr**, M.D., Professor of Diseases of Children at the Brooklyn Postgraduate Medical School. Octavo of 542 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. (Cloth, \$5.00 net; half morocco, \$6.50 net.)

The literature of diagnostics is being enriched with gr̄eat rapidity at the present time. Pretentious works on medical and surgical diagnosis referring especially to adults have issued recently; or, to be more specific, several such have appeared during the year just ended. But it has remained for Kerr to become the author of the most important book devoted exclusively to the diagnosis of diseases of children that has fallen under our eye.

It is one thing, however, to discourse of the diagnosis of disease in the grown person, but quite another to interpret the signs of ill-health in the infant or young child. It is as much like translating the *Æneid* of Virgil on the one hand, and attempting to decipher the hieroglyphics of a Luxor column on the other. Mr. Welland Strong, in the "trip to Chinatown" is made to say, in effect, that a horse doctor has the advantage over physicians in general, because his patients can't talk back at him. However, that may be regarding "horse doctors," most of us consider it a great disadvantage when our patients "can't talk back at us," as in the case of infants or very young children.

One of the strong points in this book is the author's methods of interpreting the symptoms presented by these little patients. He has invoked the aid of photography to good purpose in depicting the meaning of these symptoms, and his whole treatise teems with clinical information of value to student and practitioner, senior or junior.

A Textbook of Pathology. By **Francis Delafield**, M.D., LL.D., and **T. Mitchell Prudden**, M.D., LL.D. Eighth Edition. Octavo, 1,075 pages, illustrated by thirteen full-page plates and by 650 line and half-tone cuts. William Wood & Co., New York. Muslin, \$5.50; leather, \$6.50, net prices.)

This work needs no introduction to the medical profession of America, for it has passed already to honors which belong only to a veteran; indeed, it may justly be termed a classic. The book-shelves that fail to contain "Delafield and Prudden" in one or all of its editions, are poorly equipped for pathological study or reference.

As might be anticipated, several improvements have been made in this edition, though the general aim and purpose of the work have been retained. The section relating to general pathology has been amplified and the various phases of pathologic physiology given more attention than heretofore. Greater stress, too, has been laid upon the relationships of pathology to the allied phases of biology. Many other changes making for improvement have been incorporated, such as increasing the foot-note references, rearranging the contents, revising the sections on the blood and nervous system, the addition of over one hundred and fifty new illustrations, all incident to the rapid accumulation of data in the ever increasing field of pathology.

It will be observed from all these items, as well as many others which we have not found it essential to mention, that it is the purpose of the authors and publishers to keep the work constantly abreast of the period, through the laborious work of frequent revision, which each time embrace both eliminations and additions. The excellence of the illustrations is a source of pride to every one who appreciates artistic and useful engravings as a method of impressing salient features of textbooks, due in this instance largely to the skilful labors of Dr. Edward Leaming.

As a final thought we may remark that it is doubtful if anything that scientific labor or a liberal outlay of money can produce or obtain, has been omitted in the endeavor to make this one of the most perfect textbooks on pathology that has been issued up to the present moment.

A Textbook of the Practice of Medicine. By **James Magoffin French**, A.M., M.D. Third edition. Octavo, 1267 pages, illustrated by engravings in the text and by twenty-five full-page plates. New York: William Wood & Co. (Muslin, \$5.50; leather, \$6.50 net prices.)

The first edition of French's practice attracted so much attention that it was exhausted sooner than could have been predicted by the most sanguine expectations of author or publishers. French was then comparatively unknown except in his own region, but his book lifted him at once into a national fame which soon became international in character. In its notice of the first edition the *JOURNAL* pointed out among others the following distinguishing features of the work—namely, it is compact, being of less dimensions than most textbooks issued recently,—an important factor for students of medicine; its make-up and general form are excellent; it is terse even to conciseness without being elementary; it deals with only the practical, leaving the theoretical behind; it contains the most modern thought and records the most recent discoveries; it omits case reports and instead deals with more useful material, thus economising space and preserving the patience of the reader; finally, it is illustrated with a few well selected and excellently executed plates and engravings that give force and impact to the text. We also ventured to predict that

the treatise would assume an important even permanent place in the literature of medicine, which it already has done.

In its present edition the book has been rewritten completely and its scheme much expanded, with the result that it is placed among the larger and more important textbooks on medicine. Many new illustrations have been added, some of which are full-page plates in colors, and the work is brought forward to the immediate present, in all its sections. It easily takes its place among the better as well as more popular works on the practice of medicine.

Kirkes' Handbook of Physiology. Sixth American Edition. Revised by **Charles Wilson Greene**, A.M., Ph.D., Professor of Physiology and Pharmacology in the University of Missouri. Octavo, pp. 723. Illustrated. New York: William Wood & Co. (Cloth, \$3.00.)

Beginning as an elementary work this standard handbook has gradually broadened its scope through frequent successive editions until now it takes rank as one of the better works on physiology extant; indeed, it is to be found on the college lists as an almost universally adopted textbook. In the present revision many changes are noted, obsolete material having been excluded and newer text has been substituted.

Several of the chapters have been entirely rewritten, especially those on the blood, circulation, respiration, and the nervous system. Every chapter has been reorganised, and sections entirely reconstructed. The material has been chosen with a view to presenting a student's handbook. The facts of recent research have been incorporated, and the newer explanations of physiological processes have been utilised wherever possible. It has not been the aim of either the reviser or of the publishers to present an encyclopedia of physiology or a textbook for the investigator, but rather to perfect the volume as a medical student's manual which shall keep pace with the present rapid advances of medical education.

It is a pleasure to welcome this old friend in a new and advanced form. The publishers in coöperation with the editor have omitted nothing because of expense, to make this as completely useful a book as possible for both practitioner and student.

A Textbook of Practical Therapeutics. By **Hobart Amory Hare**, M.D., B.Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Twelfth edition, revised to accord with the eighth decennial revision of the U. S. Pharmacopeia. Octavo of 939 pages, with 114 engravings and four colored plates. Philadelphia and New York: 1907. Lea Brothers & Co. (Cloth, \$4.00; leather, \$5.00; half morocco, \$5.50 net prices.)

We have commented heretofore on this work as edition after edition has issued from the press. In this twelfth edition, which

has been thoroughly—not perfunctorily—revised, more attention has been paid to materia medica than in the previous issues: one-half of the book is devoted to remedial agents, including drugs non-medicinal agents, and foods, the other half being set apart for the consideration of diseases, with precise directions as to their treatment. Both parts are alphabetically arranged and adequately cross-referenced, thus making it easy to search for information desired. Newer drugs are considered, treating syphilis by the best methods of hypodermic medication is set forth, the value of citric acid for preventing thrombosis in typhoid fever is dealt with, so, too, is the danger of toxemia after the use of chloroform and ether,—in short, nothing seems to have been overlooked that will prove of benefit either to student or practitioner of medicine. In short, again, it comes pretty near to being the ideal textbook on practical therapeutics.

A Textbook of Physiology. By **Isaac Ott**, A.M., M.D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia. Second Edition. Illustrated with 393 half-tones, many in colors. Royal octavo. 815 pages. F. A. Davis Company, Philadelphia. Cloth, \$3.50.)

The renaissance of physiology is taking place if one may judge by the several works that are appearing on the subject, new and old, almost simultaneously from competent authors and responsible publishers. That it is one of the fundamentals of medicine no one can deny; that it should be mastered as far as possible during the first half of the collegiate course is equally certain. The number of authors in this field indicates an increasing interest in this line of investigation. Time was when Dalton in this country held complete sway; now, no single author covers the territory. Several excellent teachers are competing for recognition, among whom Ott may be given place in the front rank.

The second edition has been increased in size by nearly two hundred and fifty pages, which indicates the rapid development of the science of physiology. The book has not only been enlarged but its entire subject-matter has been carefully overhauled, so to speak, making it an exponent of the latest research. It is the largest single volume textbook on physiology offered to American students by an American author, to whom we commend it as among the better works of its class. It will be appreciated, too, by practitioners as a reference volume.

The Treatment of Fractures. By **Charles L. Scudder**, M.D., Surgeon to the Massachusetts General Hospital. Sixth edition. Octavo 635 pages, with 854 original illustrations. Philadelphia and London: W. B. Saunders Company, 1907. (Polished buckram, \$5.50; half morocco, \$7.00 net prices.)

Six editions in seven years tells with considerable force of the estimate placed by the medical profession upon this treatise. Since Hamilton's famous work nothing has been more useful than

the book we are attempting to deal with, the distinguishing characteristics of which are its clinical features. Its practical value, therefore, is very great, especially as a guide for the junior practitioner. It tells him how to diagnosticate a particular fracture and then how to treat it, illustrating in most instances the precise form of dressing to employ, always keeping in view simplicity and the greater efficiency of the appliance.

The propriety of operating on certain fractures is detailed, some of which are described; obstetrical fractures of the skull in the newborn are dealt with; many fractures of the bones of the face are described; unreduced dislocations of certain joints, pathological fractures, and old fractures are set forth, and the treatment of ununited fractures is discussed.

The illustrations are not only numerous but of excellent quality and especially are the x-ray pictures of unusual clearness as well as of diagnostic value. The price of the book is low when the number and quality of the engravings are taken into consideration.

Modern Medicine. Its Theory and Practice. In original contributions by American and Foreign authors. Edited by **William Osler**, M.D., Regius Professor of Medicine in Oxford University, England. Assisted by **Thomas McCrea**, M.D., Associate Professor of Medicine and Clinical Therapeutics in Johns Hopkins University, Baltimore. In seven octavo volumes of about 1,000 pages each; illustrated. Volume II. Philadelphia and New York: Lea Brothers & Co. 1907. (Cloth, \$6.00; leather, \$7.00; half morocco, \$7.50, net prices.)

This volume, the second in this great series, deals with the infections, to which also the third volume will be devoted. A resume of the contents of this book may not be out of place. Beginning with an introduction to the study of the infections by Hektoen, then McCrea considers typhoid, typhus, and relapsing fever; Councilman, smallpox and chickenpox; Dock, vaccination; McCollom, scarlet fever and diphtheria; Ruhräh, measles, rubella, the fourth disease, erythema infectiosum, whooping cough and mumps; Lord, influenza; Coleman, dengue; Koplik, meningitis; Anders, erysipelas; Musser and Norris, pneumonia; Pearce, toxemia, septicemia and pyemia; Poynton, rheumatism; Dunbar, cholera; Carroll, yellow fever; Calvert, plague, and Shiga, bacillary dysentery.

It will be seen by this array of eminent authors who deal with a group of important subjects that this volume keeps abreast of the first one in the excellent pace it set. When all the volumes, seven in number, shall have been issued, the entire field of medicine will be covered by the most advanced thought, thus lifting the science up to the highest plain of twentieth century knowledge, and bringing it within the grasp of every physician who would wish to obtain the best literature pertaining to the practice of his art.

A Manual of Clinical Diagnosis by Microscopical and Chemical Methods. For Students, Hospital Physicians and Practitioners. By **Charles E. Simon**, M.D., Professor of Clinical Pathology in the Baltimore Medical College. Sixth edition, revised. Octavo, 682 pages, with 177 engravings and 24 colored plates. Lea Brothers & Co., Philadelphia and New York, 1907. (Cloth, \$4.00 net.)

This remarkable book has appeared in six successive editions within ten years,—a fact that speaks for its value and for the splendid work of the author. Furthermore, it speaks for the growing interest of the medical profession in methods of exact diagnosis; and for an appreciation of all information, as well as of every author who may aid in arriving at the desired result. Simon has demonstrated his ability as a teacher and his capacity for scientific work. His book began as an extremely modest volume, but it has steadily increased in size, until it has become one of the largest and best of its class.

New material has been introduced and everything not practical has been eliminated until the present edition has become as near perfect as it is possible to make a book dealing with an ever progressive subject. The new chapter on the opsonins will attract attention, and the one on the blood will be appreciated for the additions made to it since the last previous edition. Two appendixes (we use the word advisedly) have been included among the improvements of the sixth edition,—one relating to the preparation of culture media and the other representing an outline course in clinical laboratory methods. Illustrations have been used whenever they could be made to accentuate the text, many of which, we may be pardoned for saying, are from the facile brush of Mrs. Simon, the accomplished wife of the author.

Symptomatology and Diagnosis of Disorders of Respiration and Circulation. By **Prof. Edmund von Neusser**, M. D., Professor of the Second Medical Clinic, Vienna. Authorised English Translation by **Andrew MacFarlane**, M.D., Professor of Medical Jurisprudence and Physical Diagnosis, Albany Medical College. Part I. Dyspnea and Cyanosis. 12mo, pp. 203. New York: E. B. Treat & Co. (Cloth, \$1.50.)

The two topics dealt with in this monograph are so closely allied as to be included very properly in the same brochure. They are symptoms of respiratory or cardiac disturbances, organic or neurotic; they indicate real lesions or functional faults, and it is important to determine which, else the treatment may be wrong. This book will aid in the solution of the problem. It consists of a series of lectures by a clinician of much experience, with a vast amount of material at command. Every conceivable form of dyspnea and cyanosis is set forth in detail and with precision. It is a book that will prove useful in the hands of every practitioner called upon to treat diseases of the respiratory tracts, upper or lower, or cardiac maladies, functional or organic. The translator has done an admirable piece of work by converting

the text into beautiful English. We could wish the diphthong had been eliminated from the word dyspnea. If hyperemia is spelt without the diphthong why should not dyspnea also be so spelled?

A Textbook of Physiology for Students and Practitioners. By **William H. Howell**, Ph.D., M.D., Professor of Physiology in the Johns Hopkins University, Baltimore. Octavo, pp. 939. Illustrated. Second edition. Philadelphia and London: W. B. Saunders Company. (\$4.00 net.)

Something more than two years ago we were pleased to notice in these columns the first edition of this splendid textbook on physiology. It was reprinted from the first plates three times, making practically four editions in two years. Now, in this second edition, a thorough revision has been made, bringing the subject up to the immediate present, while leaving the scope and size of the work as before.

Howell is an experienced teacher and has kept in mind the needs of students in attendance upon courses of experimental pathology and surgery, as well as those upon clinical medicine. The author has displayed good judgment in what he has included as well as excluded from his treatise,—a fact of no mean import in these days of voluminous medical literature. It is easy to conceive that this textbook is destined to a popularity not exceeded by any other work on physiology, and its adoption as such by the colleges in such large numbers, is an index of the value placed upon it by teachers, as well as students.

The Internal Secretions and the Principles of Medicine. By **Charles E. de M. Sajous**, M.D., Fellow of the College of Physicians of Philadelphia. Volume II. Octavo, pp. 1099. With 25 illustrations. Philadelphia: F. A. Davis Company. 1907. (Cloth, \$6.00.)

In this volume the author continues the publication of his researches into the role played by certain secretions in promoting physiological processes; also in studying the part played by leukocytes in arresting tissue loss, or, as Sajous would have us believe, in building tissue. The entire work is full of ingenious theory as well as much practical thought. It is a work based on arduous laboratory investigation and appeals to the student of biology.

Sajous contends for the principle that immunising medication is the foundation of rational therapeutics, applicable alike to the more virulent and to the more benign diseases. The author's studies relating to the functions of the leukocytes are interesting. If they convert food products, disease germs and broken down cells into tissue cells as claimed, then their part in arresting disease is an important one. There is little doubt that the body is provided with its own defences against disease; the important question to solve is the precise manner in which it is done. The

work of Sajous in this direction as set forth in this book becomes of vast importance in the treatment of disease.

Blood Stains. Their Detection and the Determination of their Source. By **Major W. D. Sutherland**, M.D., of His Majesty's Indian Medical Service. Small octavo, pp. 167. Illustrated. New York: William Wood & Co. (Cloth, \$2.75.)

The medical and the legal professions both are appealed to by the contents of this brochure. It is not easy to determine whether a particular stain is due to blood or other sources, and it may be of the utmost importance to determine differentially this fact; a human life may poise in the balance until it is settled; a murderer may be brought to justice by the decision. No similar work in any language has appeared and it has remained for this author, a British military medical officer, to supply the deficiency. Major Sutherland has performed his self-imposed task with scientific fidelity to truth; he has given the modern tests for the detection of blood-stains; he has supplied invaluable information for the legal and medical professions. The precipitin test here receives the attention its merits deserve; while the alexine-fixation test, which is new, is discussed with definite knowledge of its true value. This is one of the most useful monographs that has issued from the press within recent years.

A Textbook of Embryology. By **John C. Heisler**, M.D., professor of Anatomy in the Medico-Chirurgical College of Philadelphia. Third edition. Octavo, 432 pages, with 212 illustrations, 32 in colors. Philadelphia and London: W. B. Saunders Company, 1907. (Cloth, \$3.00; half morocco, \$4.25 net prices.)

As in most new editions of medical works, this one has been thoroughly revised, some of the text being rewritten, and other portions changed, amplified, or eliminated according to the conditions governing the section under consideration. A revival of interest in embryology in recent years has lead to an increase in the literature of the subject bringing out a few new facts; but Heisler, who was a pioneer in this field of revival, has presented the topic in its most recent light, with all the known facts correlated in a fashion to make them available to the student of this too little explored field of research. The favorable reception of the first edition will, we doubt not, be extended to this later and more complete effort of this distinguished author.

Hospital Training School Methods and the Head Nurse. By **Charlotte A. Aitkens**, late Director of Sibley Memorial Hospital, Washington, D. C. 12mo, pp. 267. Philadelphia and London: W. B. Saunders Co. (Cloth, 1.50.)

Nurses everywhere and of all persuasions will profit by a study of this book. It instructs in the teaching of nurses; it teaches how to teach; it tells the nurse not only what to do and

how it should be done, but also what not to do. It, also, gives valuable information for the head nurse in her capacity as such. If some head nurses we know would study this book and heed its counsels, they would become more useful in their responsible positions. Head nurses should have a clear conception of their relations to the institutions that employ them, to the officers, patients, physicians and all others who have any duties to perform in the hospitals. This book will help to give such a nurse a better status; it will help her to keep the place she has undertaken to fill; it is a pioneer in its chosen field and is a credit to its author.

The Practice of Obstetrics. By American Authors. Edited by **Charles Jewett**, M.D., Professor of Obstetrics in the Long Island College Hospital, Brooklyn, N. Y. Octavo, pp. 786, with 455 engravings in black and colors and 36 full-page colored plates. New York and Philadelphia: Lea Brothers & Co. (Cloth, \$5.00; leather, \$6.00; half morocco, \$6.50 net prices.)

From the first this work took a high position in the medical world, particularly among obstetricians, and it has maintained its status with ever increasing favor. The editor had distinguished himself as a teacher of obstetrics long before he became an author, and he has surrounded himself in creating this work with a staff of well-known obstetricians as well as some other writers of distinction. This third edition has been extensively revised, much of it having been rewritten, until it now represents the most modern views on all obstetric questions. It is one of the best guides for the everyday practitioner, who must needs know his obstetrics well in order to meet the emergency of an active calling, one that makes more sudden demands on the resources and physical endurance of a physician than any other branch of medical practice. It is admirably illustrated and fills all the requirements of a modern obstetrical treatise.

Clinical Lectures on Neurasthenia. By **Thomas D. Savill**, M.D., physician to the West-End Hospital for Diseases of the Nervous System, London. Small 8 vo., pp. 216. New York: William Wood and Company, 1907. (Price, \$1.50.)

These lectures have received the favor of the profession and may be regarded as the most scientific exposition of the phenomena to which we have attached a name that cloaks a multitude of ills which are greatly misunderstood. Functional disturbances of the nervous system are destined to furnish opportunity for empirical treatment, but gradually light is being turned upon much that has been mysterious, by such men as Savill, and we may hope, soon or late, to have a clearer solution of many dark or doubtful conditions.

This book affords pleasant reading, the author's syntax being clear and his rhetoric charming. We commend the plan of dat-

ing the prefaces to the several editions. If authors would always do this it would serve to maintain a sequence of valuable historical data.

Nephritis. A Manual of Bright's Disease and of Allied Disorders of the Kidneys, by Seelye W. Little, M.D. 12 mo., pp. 134. New York: The Grafton Press. 1907. (Price, \$1.25.)

The importance of acquiring knowledge concerning diseases of the kidney was never so great as at the present moment. Our daily methods and habits of living and working would seem to provoke kidney break down at an earlier period of life than during the time when movements of men and things were slower. This excellent monograph, written in happy style, will aid in the solution of some of the difficult problems relating to nephritis. It tells of some valuable things to do as well as of many which should not be done. It gives valuable instruction relating to foods and dietaries, and every practising physician will find it agreeable reading. The author will one day find himself famous if he continues on the lines indicated in this book.

A Pocket Textbook of Materia Medica, Therapeutics, Prescription Writing, Medical Latin and Medical Pharmacy. By William Schleif, Ph.G., M.D., University of Pennsylvania, Philadelphia. Third edition, 12mo, 470 pages. Philadelphia and New York: 1907. Lea Brothers & Co. (Cloth, \$2.50 net.).

This handsome volume, now in its third edition, is an excellent condensation of materia medica and therapeutics. It also takes under consideration a wide range of cognate subjects that are discussed with clearness. The text has been revised with care and made to conform to the new pharmacopeia, and nearly one hundred pages have been added. It is one of the better of the small works and covers the entire field of materia medica in a practical manner.

Laboratory Manual of Invertebrate Zoology. By Gilman A. Drew, Ph.D., Professor of Biology at the University of Maine. 12 mo, pp. 201. Philadelphia and London: W. B. Saunders Company. 1907. (Price, \$1.25.)

The interesting study of the invertebrates will be facilitated by the use of this manual. It will stimulate to the acquirement of a more perfect knowledge of comparative anatomy, and should lead to an appreciation of the adaptations, wonderful in form and number, that fit the particular lives of different animals. In the study of biology it is an important book, and will prove a help to research in this essential topic of preliminary medical equipment.

BOOKS RECEIVED.

Mt. Sinai Hospital Reports. Vol. V. For 1905 and 1906. Edited by N. E. Brill, M.D.

Syphilis in its Medical, Medico-Legal and Sociological Aspects. By A. Ravogli, M.D., Professor of Dermatology and Syphilology in the Medical College of Ohio, Medical Department of Cincinnati University. Octavo, pp. 518. Illustrated. New York: The Grafton Press.

The Sexual Instinct. Its Use and Dangers as Affecting Heredity and Morals. By James Foster Scott, A.B., M.D., late Obstetrician to Columbia Hospital for Women, and Lying-in Asylum, Washington, D.C. Second edition. Small 8vo, p. 474. Illustrated. New York: E. B. Treat & Co. (Cloth, \$2.00.)

Diseases of Children for Nurses. By Robert S. McCombs, M.D., 12mo, p. 431. Illustrated. Philadelphia and London: W. B. Saunders Co. (Cloth, \$2.00.)

A Reference Handbook of Obstetric Nursing. By W. Reynolds Wilson, M.D., Visiting Physician to the Philadelphia Lying-in Charity. 12mo, pp. 258. Illustrated. Philadelphia and London: W. B. Saunders Company. (Limp leather, \$1.75.)

Report of the Commissioner of Education for the year ending June 30, 1906. Volume I. Washington: Government Printing Office.

Thirty-fourth Annual Report of the State Board of Health of the State of Michigan for the fiscal year ending June 30, 1906. Frank W. Shumway, M.D., Secretary.

Modern Medicine. Its Theory and Practice. In original contributions by American and Foreign authors. Edited by William Osler, M.D., Regius Professor of Medicine in Oxford University, Eng. Assisted by Thomas McCrea, M.D., Associate Professor of Medicine and Clinical Therapeutics in Johns Hopkins University, Baltimore. In seven octavo volumes of about 900 pages each, illustrated. Volume III. Lea Brothers & Co., Philadelphia and New York, 1907. (Cloth, \$6.00; leather, \$7.00; half morocco, \$7.50 net prices.)

Progressive Medicine, Vol. IX, December, 1907. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Lea Brothers & Co., Philadelphia and New York. (Per annum, in four cloth-bound volumes, \$9.00; in paper binding, \$6.00, carriage paid to any address.)

The Elements of Homeopathic Theory, Materia Medica, Practice and Pharmacy. Compiled by Dr. F. A. Boericke and E. P. Anshutz. Second edition. 218 pages. Philadelphia. Boericke & Tafel. 1907. (Cloth, \$1.00 net; postage 5 cents.)

LITERARY NOTES.

P. BLAKISTON'S SON COMPANY, Philadelphia, announce a new fifth edition of Jacobson's Operations of Surgery, thoroughly revised, containing an increase of 583 pages and 227 illustrations over the last, which makes it practically a new book in many particulars. Price: cloth, \$12; half morocco, \$14. Further detailed information will be sent upon application to the publishers.

W. B. SAUNDERS COMPANY, medical publishers of Philadelphia and London, announce that they have found it necessary to issue another revised edition of their illustrated catalogue of medical and surgical books. In looking through the copy we have received, we find that since the issuance of the last edition six months ago, the publishers have placed on the market some twenty-five new books and new editions—truly an indication of publishing activity. The colored insert plate from Keen's new surgery, which enhanced the value of the former edition, has been replaced by a new one from the second volume of the same work, and this alone gives the catalogue a real value. A copy will be sent to any physician upon request.

THE Anglo-American Medical Association, in Berlin, has issued its annual report for the year 1907, which contains much of interest for American physicians. Besides a list of officers and members it gives the dates of meetings and other general items that English speaking physicians, visiting Berlin, will find of much value. Dr. A. G. Ellis is the secretary. The library and reading rooms are located at 105 Friedrichstrasse, Ruthacker's Book Store. The meetings are held every Saturday evening at 7.30 at the Restaurant Heidelberg.

THE *Texas Medical News* has moved its business office from Austin to Dallas, its new address being P. O. Box 207. The *News* is planning to make many improvements and to increase its patronage during the year 1908.

ITEMS.

THE Denver Chemical Manufacturing Company, makers and distributors of Antiphlogistine, has sent out a leather banknote and card case, together with a fully paid accident policy for

\$2,500, in token of their success in the past and excellent prospects for the future. The insurance policy is a novel but generous way of recognising their aid received from medical journals.

BATTIE & COMPANY, Saint Louis, has issued number 4 of the series of eighteen illustrations of dislocations. This number presents an etching of downward and forward dislocation of the sternal end of the clavicle.

PUBLIC HEALTH AND MARINE HOSPITAL SERVICE EXAMINATIONS.—A board of commissioned medical officers will be convened to meet at the Bureau of Public Health and Marine-Hospital Service, 3 B street SE., Washington, D. C., Monday, January 20, 1908, at 10 o'clock a.m., for the purpose of examining candidates for admission to the grade of assistant surgeon in the Public Health and Marine-Hospital Service. Candidates must be between 22 and 30 years of age, graduates of a reputable medical college, and must furnish testimonials from responsible persons as to their professional and moral character. The following is the usual order of the examinations: 1, physical; 2, oral; 3, written; 4, clinical. The tenure of office is permanent. For further information, or for invitation to appear before the board of examiners, address Surgeon-General, Public Health and Marine-Hospital Service, Washington, D. C.

M. J. BREITENBACH COMPANY, 53 Warren Street, New York, proprietors and distributors of Pepto-Mangan (Gude), that excellent form of iron and manganese for the anemias, have again sent out to the profession the Physicians' Daily Memorandum, this edition being for the year 1908. It is one of the most serviceable desk memorandum books with which we are familiar, one page being allotted to each day of the year.

THE United States Civil Service Commission announces an examination on January 15, 1908, to secure eligibles from which to make certification to fill vacancies as they may occur in the position of physician (male) in the Indian Service, at salaries ranging from \$720 to \$1 200 per annum. Applicants should at once apply either to the United States Civil Service Commission, Washington, D. C., or to the secretary of the board of examiners at Buffalo, for application Form 1312. No application will be accepted unless properly executed and filed with the Commission at Washington.

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ORIGINAL COMMUNICATIONS.

The Opium Treatment of Peritonitis¹

By CHARLES G. STOCKTON, M. D., Buffalo, N. Y.

I have been requested to state my views concerning the treatment of general septic peritonitis. This is probably owing to the fact that it has been my habit for a number of years to teach my pupils that I was convinced that the use of opium in the treatment of general peritonitis, as formerly originated and advocated by Alonzo Clark, had fallen too much into disuse. While I am prepared to defend this position, I wish in the beginning to be distinctly understood not as advocating the opium treatment to the displacement of surgery in general septic peritonitis. There can be no reasonable doubt but that when the abdominal cavity practically takes on the character of an abscess it should be treated as an abscess along surgical lines, with evacuation, drainage and cleanliness.

I have never taught that the opium treatment is especially suited to septic peritonitis as compared with other types of peritoneal inflammation. On the contrary, I believe that the greatest usefulness of the opium treatment belongs to those milder cases before the inflammation has become general in the abdominal cavity. The grounds on which these views are based are, first, those of clinical observation; and, second, on the results of physiological experiments.

Clinical Observation.—There are yet men living who had the opportunity of observing acute general peritonitis as it progressed under the treatment originally advocated by Alonzo Clark. The majority of the profession have either forgotten this treatment, or else have misinterpreted its nature. The most available source of learning the precise views of Alonzo Clark may be found in his classic article appearing in "A System of Practical Medicine by American Authors," generally known as "Pepper's System."

1. Read at the fortieth annual meeting of the Medical Association of Central New York, held at Rochester, October 15, 1907.

published in 1885. Previous to the appearance of this article Clark's treatment was falling into disuse, and it has appeared to me difficult to understand the technic of his procedures without learning the method under the eyes of those who have seen it properly carried out. As a student and young practitioner I had the opportunity of learning the treatment from Dr. Thomas D. Strong of Chautauqua County, and from Dr. Thomas F. Rochester, my honored predecessor in the University of Buffalo.

Clark taught that as soon as the diagnosis was made the largest safe dose of opium should be administered. He aimed to use very large doses with long intervals between, yet never allowing the patient to emerge from the complete sedative effects of the drug. In general peritonitis the amount of opium and morphine that can be taken safely is remarkable. Two or three grains hypodermatically are required during the height of the disease, and I have occasionally injected five grains at intervals of from four to six hours, for several days in succession. The aim of the treatment is to keep the patient as quiet as possible, and yet within the borderland of safety. To one experienced with the drug in this disease, there is little danger of over use. As the inflammation subsides the tolerance for opium decreases and the dosage is lessened, and very soon it is unnecessary to administer any anodyne whatever.

Under its effects the respirations fall to eight or ten a minute, the pupils contract, the skin becomes warm and moist, the patient scratches his nose on awakening, lies with legs extended, the abdomen is soft, but the functions of the body are wonderfully little disturbed. The evacuations of the bladder and bowels are more likely to occur spontaneously with the opium treatment than without it. The failure of the treatment, in my judgment, usually results from timidity in dosage resulting, first, in increased tension of the pulse, then the reappearance of pain and the rigidity of the abdomen, all of which necessitate larger and more frequent doses than should have been necessary in order to relieve the symptoms. Each time the patient comes out from the sedative influence of the drug, the disease seems to make appreciable headway; whereas, with the steady sedative effects carefully maintained, the disease does not proceed but, as a rule, is controlled and recovery takes place.

I have seen too many serious cases of general peritonitis go on to recovery under the opium treatment not to feel confident in the truthfulness of the claims put forward by Alonzo Clark, and by Sands, Smith and others of his students. It never could succeed in inexperienced or timid hands. The moderate use of opium only results in covering up symptoms, never in curing

patients. The fatal blow to the popularity of this treatment was given by the teachings of Lawson Tait. There can be no doubt of his wonderful results, and he insisted that not a particle of opium should be given.

Experimental Studies.—Now, as to the reason for the success of the opium treatment in peritonitis. In the first place, to a large extent, it controls abdominal shock. The experiments of Crile have demonstrated that opium is an important agent in preventing and overcoming shock. Under its effect the blood pressure rises to a safer point. I believe that herein may be found one of the reasons for the usefulness of opium in peritonitis. Again, the intra-abdominal circulation is favored by opium which overcomes the spasm of the abdominal parietes and the spastic state of the vessels. Further, it is shown that marked "stimulation of the splanchnic nerves causes complete relaxation of both coats of the small gut." . . . "It seems that the splanchnics normally exercise a tonic, inhibitory influence on the intestinal movements." . . . "On this account it is often impossible to obtain any movements in the exposed intestine (in experiments) so long as this remains in connection with the central nervous system by means of the splanchnic nerves." . . . "The relaxed condition of the gut which obtains in many abdominal affections is probably also reflex in origin, and is but a reflex inhibition through the splanchnic nerves." These sentences are quoted from Starling's recent work "The Physiology of Digestion." 1906, p. 143.

Thus, modern physiology explains how tympanitis occurs in peritonitis, and it shows not only how this symptom may be overcome by the action of opium, but also why it is that shock is reduced through the sedative influence of opium. Undoubtedly it would be better to remove the cause of irritation of the splanchnics, and hence I have no argument against surgical treatment of peritonitis, so long as it is employed at the right time and by the right man. On the other hand, I fully believe that there is an important and neglected field for the employment of opium, and I conceive that lives are lost that might be saved by the use of opium. The surgeons insist that opium complicates the situation and obscures the field. This cannot be absolutely denied. We cannot turn away from the reasonableness of, nor from the necessity for, surgical treatment. I only plead the importance of the understanding of the nature of the opium treatment and for its application in a proportion of cases, a few of which are unsuited to surgery, and others in which it might prove an important accessory to surgery.

Opium is employed by a proportion of surgeons for the relief of pain in as small doses as possible. Some years ago a method for the use of the drug was advocated by Oeschner, and his plan met with adherents, but the manner in which the drug was used is unlike that known as the Clark treatment. Recently Professor Pel of Amsterdam (*Berl. Klin. Woch.*, August 12, 1907), advocated the moderate use of opium for the alleviation of pain and for the lessening of other symptoms. His article is interesting and he points out that in peritonitis opium does not constipate nor lessen elimination. The chief advantages which he attributes to the drug is in facilitating rest, localising morbid processes by suppressing the peristaltic movements, thus preventing the breaking of adhesions. It will be observed that this method of employing the drug is quite unlike that advocated by Alonzo Clark. It would seem to possess most of the objections which might be urged against the Clark treatment, and yet it lacks the cardinal advantage of inducing a complete sedative effect and continuing this until the inflammation has subsided and the pus walled off by adhesions.

Undoubtedly in most cases of septic peritonitis, the drainage of one or more abscess cavities would ultimately become necessary; but this means a comparatively small incision made at a time when an operation is practically free from danger. In cases of septic peritonitis early recognised, such, for instance, as that so frequently observed in acute appendicitis, an immediate operation I believe to be the only proper procedure; but in cases that are neglected and where manipulation of the abdominal viscera is likely to extend the peritonitis even though the appendix is successfully removed, it appears to me safer to resort to the Clark treatment, waiting for a more favorable opportunity to operate.

Owing to the acute activity of my surgical colleagues and to the diagnostic acumen of the general practitioners, I now rarely have the opportunity of recommending a course of management with which I was at one time very familiar. I am not prepared to admit that the results are better now than they were then, provided that an operation for drainage was made at the right time, thus obviating the dangers and embarrassments that are likely to follow upon prolonged suppuration.

The last case that I recall was in my ward at the Buffalo General Hospital. It was that of a little girl about eleven years old, who entered after several days illness of acute peritonitis depending upon neglected appendicitis. She was in excruciating pain and manifested the usual evidences of abdominal shock. The treatment consisted in morphine administered hypodermat-

ically. The first dose given was one-third of a grain, two hours later one-half grain was administered and repeated, and the next day one grain was injected about once in four hours. Ultimately she had doses of two to three grains at intervals of from four to six hours. From the first she was kept in a state of perfect calm, free from pain, sleeping quietly, and at the expiration of a week it was necessary to reduce the morphine to minute doses; at the expiration of a fortnight an abscess in the right iliac region was drained, and the girl made a prompt and complete recovery. I am convinced that the child would have succumbed if a laparotomy had been performed at the time of her admission to the hospital.

There is nothing extraordinary about this case, and yet some of the onlookers regarded the amount of morphine injected as dangerous and uncalled for. I think any smaller amount would have been dangerous, and that the use of the drug simply to moderate pain and obscure symptoms without producing a complete sedative effect, is almost to be regretted.

If I have made myself understood, you will perceive that I believe that the proper treatment of oncoming septic peritonitis is immediate operation, but that when the operation is delayed and the inflammation is becoming general, it is safer to use the full opium treatment until such time as the suppuration is localised and drainage effected without molesting the greater part of the abdominal cavity.

436 FRANKLIN STREET.

The Position of Surgery in the Treatment of Septic Peritonitis.¹

By J. WESLEY BOVÉE, M. D.,

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WHEN I was honored by an invitation to read a paper on this subject before this association I was led to believe the paper to be read by Dr. Stockton would deal with the non-surgical treatment of septic peritonitis; hence, the title of this paper. One might infer from various discussions on this subject that surgeons are earnest advocates of the non-surgical treatment of this disease or complication of other diseases. The discussion of Dr. Hotchkiss's paper, read at the meeting of the New York Surgical Society, April 11, 1906 (*Annals of Surgery*, 1906, XLIV 197-208), illustrated the divergent views of the surgeons present. The same may be stated regarding the dis-

1. Read by invitation at the fortieth annual meeting of the Medical Association of Central New York, held at Rochester, October 15, 1907

cussion of another very interesting paper read by Dr. J. G. Sherrill, of Louisville, at the meeting of The Southern Surgical and Gynecological Association in 1904 (vide Transactions Southern Surgical and Gynecological Association, 1904). Both were discussed by the ablest abdominal surgeons of this country.

To repeat, one might infer they regarded the treatment as non-surgical since each speaker deplored the lack of success attending his operations, while some vigorously condemned the technic of others in their operations. I can not in this paper do more than to direct your attention to the indefinite character of the term "septic peritonitis," to the many varieties thereof, to the treatment of them briefly, varying as it must because of the great number of conditions causing septic peritonitis, the necessity of treating the underlying cause and the intensity of the invasion, together with the comparative amount of area of peritoneum involved.

By first stating the conditions under which septic peritonitis may be, in my judgment, best treated medically or without operation, I may more clearly reach the much larger class,—the surgical one. In cases in which the invading organism is the streptococcus and the area involved large, I much doubt the advisability of opening the abdomen as death is almost sure to result. In such, stimulation and injections of anti-streptococcic serum are the main elements in treatment.

Even when the area is small, surgical treatment is questionable. Were the streptococcus accompanied by the colon bacillus, the gonococcus, the staphylococcus or even the gas bacillus, I would regard it as a surgical condition. There can be no question that oftentimes localised septic peritonitis from the gonococcus, the colon bacillus or the staphylococcus is successfully combated by nature or is combated for a sufficient amount of time for death of the invading organism to occur, when a secondary and much safer surgical operation may be needed to eradicate the disease. There is, likewise, no doubt that such localised invasions are at times entirely overcome by the processes of nature. Probably the larger part of such instances are those in which the portal of invasion has been the Fallopian tube with the peritoneal involvement distinctly localised in the pelvis.

We also find, accidentally, that perforation of an infected gall-bladder, of the intestine, the oviduct and even the stomach has occurred producing peritonitis, local in character, and reparative processes have overcome the difficulty. I mention these latter more as possibilities than results typical or to be expected from treatment. Whether a non-surgical plan of procedure is the proper one in cases of advanced septic peritonitis sequent

to perforations of hollow viscera, in which a fatal termination seems almost inevitable, is one always to be determined in each individual case and largely by the personal equation of the attending surgeon,—the pendulum swinging on one side toward doing everything possible for the good of the patient, and on the other to conserving personal statistics and upholding the popularity of surgery in the community. Between these two the surgeon should never hesitate.

The brilliancy and popularity of surgery should never be gained by surgical cowardice. The welfare of the patient in each individual case is the only healthy motto in such work. The personal characteristics of the individual surgeon have more influence in molding public disregard for surgery than surgical bravery in cases regarded as nearly moribund. I would, therefore, limit non-surgical treatment in this class to those cases that have passed beyond consciousness, and in which the absorbents have been permanently suspended with death imminent. Mention here might be made of other complications, such as hopeless lesions of vital organs as complicating septic peritonitis. In this class might be found exaggerated cases in which surgical intervention would be interdicted.

Having thus mentioned a few conditions in which non-surgical treatment of septic peritonitis would be not only proper but preferable, I will at once state it as my opinion that all other classes or phases of peritonitis of a septic character should be treated surgically.

There can be no doubt, in my judgment, that in perforations of the stomach, gall-bladder, intestine and pancreas subsequent to infectious processes that peritonitis is rapid and severe in type. Of course, much depends upon the virulence and number of the organisms present and upon the resistance of the individual attacked. Gunshot wounds, particularly from bullets of small caliber, is least harmful of this class. This is due to the normal condition of the tissues involved. Many such openings in the intestine collapse, particularly if the viscus be not distended at the time of injury, and but slight infection occurs, which is successfully combated by the resistive powers of the body. This fact was well attested in the late war between this country and Spain and that between Russia and Japan. Even injuries to the ureters or bladder with leakage of normal urine in small quantities into the peritoneal cavity occur without severe peritonitis. But perforations of the stomach and pancreas permit escape into the peritoneal cavity of highly irritative substances that promptly lead to septic peritonitis. Perforations of the intestine sufficiently large to permit fecal extravasation of

notable amount, may always be relied upon to produce septic peritonitis of a general character. The same may be said of the escape of material from the bile tract. In perforation of the vermiform appendix during the process of virulent appendicitis, or of a periappendiceal abscess containing virulent organisms, we must expect the same result to follow with great rapidity. When rupture of such abdominal tumors as suppurating or infected ovarian dermoid cysts or uterine fibroids occurs the rapidly following septic peritonitis must always be expected.

In all these conditions prompt abdominal section offers by far the greatest possibility of relieving the condition. An essential feature of the treatment, if early operation can be done, is careful closure of the visceral perforation or removal of the tumor, if such be present. Special care, of course, is necessary when necrotic areas about the opening exist, as is present in appendicitis and typhoid perforations.

Several points in technic and after-care are yet to be decided as various opinions exist. These, together with the high mortality rate, are what caused in the discussions mentioned a possible inference that surgeons believed in the non-surgical treatment, which, in fact, is not true. These points are:

1. The amount of time to which the patient is to be subjected to operation.
2. The variety of anesthetic to be used and the degree of anesthesia.
3. The amount of manipulation of the abdominal contents.
4. The use of salt solution for flushing out the peritoneal cavity and wiping carefully the peritoneum with gauze.
5. Drainage: postural and by materials.
6. The use of foods after operation.
7. The after-treatment of the gastro-intestinal tract.
8. The postoperative administration of morphia.

Patients, whose power of resistance is so lessened as in septic peritonitis plainly should not be required to withstand the enormous taxation of a prolonged operation. Whatever is to be done must absolutely exclude an operation requiring more than a few minutes. The more advanced the stage of inflammation, or the more intense the infection, the more vital becomes this fact. A quick operative procedure may save several borderline cases while a slow operation might remove all hope of recovery.

As ether and chloroform anesthetics are depressing to vital forces these should not, as a rule, be employed to the extent of profound narcosis, and when employed should be administered by an expert whenever it is possible to secure such services.

Local anesthesia has a strong indication in this work, and I have a few times successfully opened the abdomen in this condition without administering any sort of anesthetic. To those who are accustomed to the use of morphia in such conditions I would recommend the employment, sparingly, of the hyoscyaminmorphia form of anesthesia. In advanced cases the toxemia present may obtund the sensibilities to the extent of rendering unconsciousness unnecessary.

The amount of manipulation of the abdominal contents is a very important matter. It is to be avoided as much as possible. To get into the abdomen as quickly as possible and out again as soon as possible, quoting from John B. Murphy and a few other prominent surgeons, is a splendid rule. Yet it would be only in extreme cases that I would follow the plan of some, of merely opening the abdomen and allowing material to escape, relying principally upon the relief of tension to do practically all for the patient. In cases nearly moribund, however, this is all that is justifiable and local anesthesia, or none at all, is all that should be employed. Unquestionably, manipulation of the viscera in such cases disturbs the epithelium permitting more rapid absorption of toxins, as well as pathogenic organisms, and greatly shocks the patient.

The use of salt solution for washing out the peritoneal cavity is, in my judgment, of doubtful value. I believe it, as a rule, is harmful notwithstanding it has earnest advocates. The consensus of opinion is that it can be done too much; that shock results from extending it beyond five minutes, and that it does tend to interfere with nature's regulation of cell activity of the peritoneal epithelium. Moreover, it tends to carry septic material to healthy areas should such areas remain. That it overtaxes the absorptive power of the lymphatic system, which oftentimes is crippled, can not be gainsaid. It can not do as much as postural drainage in such conditions. The practice of wiping loops of intestine, with or without evisceration, has not proven satisfactory. I was glad to hear its former strong advocate, Finney, of Baltimore, declare his regret for his advocacy of this plan and that he had abandoned it. It has great opportunities for evil.

The question of drainage is still perplexing. Many advocate it and perhaps as many express a determination to drain less. Much depends upon the toxemia present and the general condition of the patient. If good, more reliance can be placed upon nature to control the situation. In the presence of much necrotic material or, in the case of perforations we have doubt of perfect closure, drainage had best be instituted. When the disease is

localised and it can be satisfactorily dealt with by the surgeon at the time of operation, drainage may be dispensed with to advantage. In all other conditions I feel it is safer to drain. Here position is of importance and when the area of infection is large, openings in the lower part of the abdominal wall and the patient in nearly a sitting position are decidedly advantageous. Gauze alone is not good drainage material, but with a rubber tube or rubber tissue, in the form of a cigarette drain, it is probably the best we have. The gauze should always be rolled loosely, as if tight it obstructs drainage. Nor should it protrude far through the rubber material in the peritoneal cavity or be tightly constricted in its passage through the abdominal wall. It should be remembered the drainage power of such a drain depends entirely upon the diameter of it at the point of constriction by the abdominal wall.

The use of foods after operation, while of considerable importance, should not be a subject for wide variance of opinion. I am well aware that prominent internists differ even as to the diet in typhoid fever, some thinking a milk diet best, others that liquid meat preparations are superior, while yet others would prefer rare meats. But in this disease one must be guided largely by the area involved, the stage of the disease and above all the cause or forerunner of it. I believe no surgeon can direct the diet of a case after operation unless he is personally familiar with the conditions confronting him.

The after-treatment of the gastro-intestinal tract is of special moment and I would suggest that for the first three days no effort to produce bowel movements should be made if no distension be present. We should await natural conduct of this tract. If at the end of that period of time the peristaltic action has not been sufficient it may be stimulated by simple or purgative enemata, gentle laxatives by the mouth, or the hypodermic administration of salicylate of eserine, as so strongly urged by Craig, of Boston. Should intestinal distension be present, I would think, until the tension is reduced and a degree of comfort ensues, brisk catharsis is indicated. Two exceptions to this would be preceding intestinal obstruction particularly if cathartics have been freely employed unsuccessfully, and if extreme weakness is a feature of the condition. In the one case we have to guard against the free action of the previously administered cathartics and in the other against over exhaustion.

I am not a believer in the Alonzo Clark treatment of peritonitis by opium splints. As opium has a strong tendency to lessen all cellular activity, I prefer to withhold it entirely, if possible, relying upon the coldwater coil or ice as an analgesic

and stimulating, if possible, the emunctories by the use of salt solution by hypodermoclysis or bowel,—or even intravenously if necessary, and by considerable quantities of fluids by the mouth, when admissible.

No matter what the treatment has been the records show that this is a highly fatal malady. So far as I know no man has had an equal success with Murphy, of Chicago, and we may yet change entirely to his plan of relieving tension and trusting to nature for the rest.

"THE ROCHAMBEAU," 815 CONNECTICUT AVENUE.

Large Echinococcus Cyst of the Liver; Operation and Recovery¹

By HERMAN E. HAYD, M. D., M.R.C.S. Eng., Buffalo, N. Y.

[*American Journal of Obstetrics, December, 1907*]

THE tenia echinococcus is a variety of tapeworm found in the dog, and occasionally in the wolf and jackal, but very rarely in our native North American animal; in fact, only one authentic case is reported, and that by Curtice of Washington, D. C. Numerous other observers, such as Osler and Clement, Sommer, Stiles, and Hassall of the Bureau of the animal industry, have made many dissections of many different varieties of dogs, and have never once found it. It is a tiny cestode four or five millimeters in length, and consists of only three or four segments, of which the terminal one alone is mature. The head is small, and provided with four sucking disks, a rostellum, and a double row of hooklets. The ripe segment contains about 5,000 eggs. It inhabits the upper intestines, and is seen as a little, white, threadlike body, closely adherent among the villi.

To the abdominal surgeon it is of especial interest, since it produces in man in its larval stage a disease which is termed hydatids, and which is developed in various organs of the body, especially the liver, where it occurred in 73.7 per cent. of the recorded cases. It also attacks the lungs, pleura, kidneys, the muscles and dermis, the brain, the female genitalia, and the bones and eyes. In this country the disease is exceedingly rare, and when found it is usually in the foreign-born individual, but in Iceland, where dogs are used freely, and are in such intimate and constant association with the human being, the disease is so common that it is referred to as the "Liver Plague," and one in every seven or ten deaths is due to it.

1. Read at the twentieth annual meeting of the American Association of Obstetricians and Gynecologists, held at Detroit, September, 17-19, 1907.

In Australia it is also very common, and in certain parts of Germany, and in Winnipeg, among the Icelandic population, quite a number of cases have been found, but only one case is reported in a Canadian-born offspring. The eggs are voided in large numbers by the dog, and are deposited in water or on the various vegetables we use as food, or they may be conveyed from the body of the dog by hands to mouth. The egg is swallowed and gets into the stomach or intestines, and there its surrounding wall is digested or dissolved off, the embryo is freed and bores its way through the mucosa into a bloodvessel, and is carried to various parts of the body. Wherever it makes a connection, an inflammatory exudate is thrown out which surrounds the cell, and subsequently becomes its protecting envelope or capsule. Inside of this capsule the parasite continues to grow; it consists of two layers, an outer lamellated structure called the cuticula, and an inner granulocellular—the parenchyma; from this inner layer, the secondary or daughter cysts develop, and from them tertiary or granddaughter cysts, by a process of evagination; and on the inner surface of the cysts, whether primary, secondary, or tertiary, the heads or scolices of the immature worm are formed.

The disease is most common between the age of twenty-four and thirty, and the symptoms produced depend upon the organs involved, the size of the tumor, and the inconvenience which results from the pressure and contact upon other structures. The parasite produces no specific symptoms of itself, and its presence might not be detected were it not for the irritation, inflammation, and hyperplasia of the organ which shelters it; but the discomfort is often so slight that the disease remains unrecognized, and is only found out at postmortem. Sometimes the cyst grows rapidly, and its capsule is thinned from pressure necrosis and ruptures, the contents of the sac gets into one or more of the body cavities, and may produce very serious inflammatory disturbances, or an abscess forms and points under the skin, and either breaks or is relieved by an operation.

The first case that has ever been under my notice in Buffalo was brought to me by Dr. Tartaro in April, 1907. The patient was an Italian, in good physical condition, aged thirty-seven; married, and a stone mason by occupation. For a number of months he had noticed a hard, painless swelling in the pit of the stomach, which was gradually getting larger, and was beginning to inconvenience him in his work because of its size. Upon examination, a large globular tumor could be felt, extending deep under the border of the ribs, and particularly to the left side, and filling up practically the whole epigastric and one-half of

the inner right hypochondriac region. It was painless, elastic, smooth in outline, and, upon auscultation and palpation, no adventitious sound could be heard and no friction be felt. The man had never had syphilis or malarial fever, and never was a drinking man. The suggestion to thrust a trocar into the tumor and remove some of its contents for microscopical examination was deprecated, on account of the danger attending this simple and seeming trivial undertaking. Cases have been reported where the patient suddenly died after puncture from a profound toxemia, which resulted from the escape of a few drops of the fluid contents of the sac, and in others a milder form of intoxication took place, associated with fever, malaise, an urticarial rash, and other sequelæ. Moreover, one cannot tell what important structures the trocar would pass through in puncturing the cyst wall, since the tumor, as in this instance, was deep and completely covered by bowels and omentum. It would seem, therefore, much safer to make an exploratory incision, and through it a careful examination, and then proceed with such surgical measures as would be indicated, since nothing short of radical surgery can do any good in this disease.

After studying the case from all standpoints, I was forced to concur in the diagnosis of echinococcus cyst of the liver, which Dr. Tartaro had made at an earlier visit. The patient was sent to the German Deaconess's Hospital, and was operated on April 17, 1907. An incision was made a little to the right of the median line, and after getting into the peritoneal cavity the bowels were seen densely adherent all over, and completely covering a large, white, tense, tumor. They were separated with much difficulty, the skin incision was extended freely, the liver was lifted up as much as possible into the wound, and as it was elevated gauze towels were packed deeply underneath the tumor, and about it and the edges of the wound. Some time was occupied in making the gauze packing so complete that the peritoneal cavity and the edges of the incision would be thoroughly protected when the cyst was opened. A large trocar was thrust into the tumor, but nothing came out but a little milky-looking fluid. Then the capsule was freely incised, and at least two quarts of cysts, of varying sizes—from a grain of shot to a large walnut—welled out. After the sac was pretty well emptied, it was irrigated with salt solution through a large glass nozzle, with some force, and pushed to the bottom of the cavity, when the mother cyst or that one lining the capsule began to loosen, and was finally washed away. A small piece of iodoform gauze was then loosely packed into the cavity for drainage; the gauze towels were removed, and the sac around the opening was sewed to the abdominal wall, the

wound being closed with through-and-through silkworm gut sutures. After the gauze packs had been removed it was seen that the cyst had sprung from the left lobe of the liver and rested high up on the crura of the diaphragm.

The man rallied nicely, and in a few days was in splendid condition. On the fourth day he had some temperature and developed a slight cough, a friction rub could be heard on the right side, and subsequently all the physical signs and symptoms of pneumonia developed. He ran an evening temperature of 104° and 105° ; had considerable cough and bloody expectoration, and became very sick; whereupon Dr. Tartaro gave him the serum treatment, with most satisfactory results. On the eleventh day his temperature was normal; on the fifteenth day the sutures were removed. The wound looked fine, and everywhere it seemed to be perfectly agglutinated. On the seventeenth day he complained of a good deal of pain in the wound, so the dressings were removed, when it was found that the incision had opened and a piece of bowel about four inches long was protruding through the opening. He was taken to the operating room, and, without any anesthetic and without washing the parts, the bowel was gently pushed back; four through-and-through silkworm sutures were passed, and the parts were properly brought together. No complications set in and no pus formed. The sac cavity was occasionally irrigated with salt solution, and he left the hospital in May, 1907; the sinus was still discharging.

I saw him again in July, 1907, when the wound was thoroughly united, and his physical condition was excellent. Perhaps the incomplete union and the subsequent rupture, with bowel protrusion, were due to the delayed and imperfect solidification of the tissues consequent upon the pneumococcus infection, as the sputum revealed the organism in great abundance, and Dr. Tartaro tells me it is in the unimixed or true infections that the serum, which is an Italian product, is most efficacious. It has been used very largely by him, and some of his cases have been reported in the *BUFFALO MEDICAL JOURNAL*, in an article read in March, 1906, by him before the Buffalo Academy of Medicine.

493 DELAWARE AVENUE.

JUST AS GOOD AS EVER, TOO.—An old physician was noted for his brusque manner and old-fashioned methods. A lady called him in to treat her baby, who was slightly ailing. The doctor prescribed castor oil.

"But, doctor," protested the young mother, "castor oil is such an old-fashioned remedy."

"Madam," replied the doctor, "babies are old-fashioned things."
—*London Opinion*.

CLINICAL LECTURE

The Treatment of Scarlet Fever¹

BY DR. A. GY AND DR. M. CLARET, Paris.

[*La Tribune Medicale*, December, 1907.]

THE prognosis of scarlet fever so far as life is concerned is favorable, for various statistics give a mortality of about 1.5 per cent., yet the frequency of special complications and the sequelæ of these complications as well as the possibility of preventing them require much thought on the part of the physician as regards the treatment of this disease. If this were pursued with proper understanding there would be fewer cases of nephritis developing at an adult age and leading often to a fatal end as the result of the involvement of the kidney during scarlet fever in childhood in which nothing but simple rest in bed had been employed.

Although we do not know as yet the exact infectious agent of scarlatina we know that the disease is of microbic origin. Many attempts have been made to obtain a serum against this disease but so far very little that is conclusive has been obtained.

There are three classes of serums employed in scarlet fever at present. Some authors, struck by the almost constant presence of streptococci in the exudates of scarlet fever patients regard these germs as the specific agent of the disease and employ the serum of animals rendered immune against the streptococci derived from various sources. Marmoreck obtained good results with a serum and similar experiences were reported by Baginsky, Marfan, Comby, and others. The serum prepared by Moser, which also was prominently discussed some time ago, has practically been forgotten today. Another group of observers felt uncertain as to the specific microbe but were sure that a first attack of scarlet fever rendered the patient immune and therefore looked for specific antitoxins in the blood of patients who had recovered from the disease. Roger and Leyden injected into scarlet fever patients some of the serum of other patients who had recovered from the disease and reported some favorable cases, but this treatment had to be abandoned on account of the difficulty of obtaining the serum in sufficient quantities.

Kampe's serum has been prepared from the epidermal scales of patients. These we know to contain the contagion of scarlet fever, whatever that may be. Kampe immunised animals with the poisonous products extracted from these scales and found that the serum of these animals had both preventive and curative action. The good results which he reports in 200 cases may be

attributed to a benign series of cases. Two years after he introduced his serum it was forgotten.

In brief, the specific treatment of scarlet fever is still to be found, so that we are obliged to rely upon hygiene and therapeutics for the proper means of securing as benign a course as possible of this disease. This brings us to the consideration of the subject of this lecture.

In the normal course of scarlatina without complications the treatment will be chiefly hygienic and directed toward the prevention of complications. In the first part of our discourse we will consider the hygiene of scarlet fever which, as we shall see, is of great importance. In a second chapter we shall consider the various complications and their treatment.

Hygiene of Scarlatina.—When we find a child presenting all the typical symptoms of scarlet fever yet without any tendency to complications, in other words, a scarlatina tending toward a normal favorable course, three points should occupy our attention: (1) the general hygiene of the room of the patient; (2) the general and local antisepsis intended to prevent the development of pyogenic germs which give rise to complications; (3) the diet of the patient with special reference to the prevention of scarlatinal nephritis. Several problems will also arise concerning the prophylaxis of the case and the prevention of the spread of the disease.

Hygiene of the Room.—It is customary in the medical textbooks, in speaking of the treatment of all the eruptive fevers, to recommend good ventilation and the maintenance of a constant temperature about the bed of the patient, for those physicians who have seen their private patients shut up in rooms that are never opened and covered with innumerable quilts for the purpose of "making the eruption come out" or of "preventing it from going inside," some details will not seem useless and their application will require much diplomacy.

The patient should be placed in a room with a constant temperature in which the atmosphere is freely renewed, yet without draught. The best way is to have two rooms for the patient, in one of which is placed the bed while in the other one window is always open. If only one room is available, the patient's bed should be placed opposite the window and he should be isolated by means of a screen. In winter, fire, preferably of wood, will maintain the temperature constant as required. Briefly, a light room, well ventilated, with a constant temperature, should be the dwelling of a scarlatina patient. Some physicians like to spray antiseptics in the air of the room, the therapeutic value of which is questionable but the moral value of which upon the

patient and his surroundings is not to be disdained. A solution of carbolic acid, five parts in a thousand, may be sprayed in the room or else some water to which a teaspoonful of eucalyptol is added. Still more simple is the method of evaporating slowly in a dish a glass full of water in which are placed twenty grammes of each of eucalyptol and tincture of benzoin together with two decigrammes of menthol.

Red light, which has been used especially in smallpox in which it is said to lessen the severity of the eruption, has also been used in scarlatina, as for example by Schoull and Chop. These authors find that the eruption is very much less marked and the desquamation is very much milder, the fever is lower and of shorter duration, in short, that the disease is more benign and is shorter when the patient is exposed to red light. Although their cases are still insufficient to allow of a definite conclusion, the use of red light is harmless and deserves a trial. Red paper may be pasted on the glass panes of the room, thus procuring the desired color.

Local and General Antiseptics.—These methods are intended to disinfect the skin and the natural orifices of the body, thus preventing in a large measure the complications of the disease. *Antisepsis of the skin.* The purpose of this is to reduce the itching or burning sensation which accompanies the eruption. For this purpose we alternate enunctions of fats with warm baths. Every other day the patient should be anointed from head to foot with a flannel soaked in olive oil or in fresh lard. On the intervening days the patient will take a lukewarm bath in which a handful of borax has been dissolved. Warm baths have a rather bad reputation with the laity in the treatment of eruptive fever, yet we may succeed in securing them if we insist that they are useful in making the eruption "come out." If they are refused we must content ourselves with warm lotions. But these should be absolutely insisted upon.

Asepsis of the mucous membrane. A variety of ways are used for the disinfection of the nose. Karslaw uses bougies of iodoform and eucalyptol. Nasal douches tend to excite an otitis. The best way to do is to insufflate into each nostril twice a day some powdered boric acid or else to introduce a few drops of the following preparation:

R Boric acid	2 grammes
Glycerine	10 grammes
or, Mentholated vaseline,	5 grammes

The mouth and throat should be kept aseptic with large irrigations of boric acid three times daily. In the intervals the patient should gargle freely with dilute peroxide of hydrogen

and his throat should be painted with the following solution applied upon an applicator with cotton:

℞ Salicylic acid	1 gramme
Alcohol	2 grammes
Glycerine	18 grammes

The intestinal mucosa should also be watched especially in patients whom milk constipates. Mild purgatives such as castor oil, sodium sulphate and calomel in children (avoiding mercurial poisoning of course) will assure intestinal asepsis. The genital mucous membranes, especially in little girls and in hospitals, will demand daily care. They should be washed every morning with Van Swieten's solution diluted with five times its volume of boiled water.

The Diet of Scarlet Fever Patients.—This is one of the disputed points in the treatment of scarlet fever and one of the most embarrassing sometimes to the physician. The laity has heard something of the recent discussions on the comparative value of milk diet and chlorine-free diet and of the use of these diets in cases of nephritis. In cases without albumen in the urine the physician might alarm the parents by prescribing one of these diets; then there is the question when he should prescribe one of these diets, and when the other. Opinions vary on this subject, as we shall see from the following brief sketch:

A few years ago every patient with scarlet fever who had albumen in the urine was placed upon a milk diet for a more or less prolonged time. Guinon prohibits alcoholic drinks, puts the patients to bed and gives them acid drinks and milk, feeding them also with soups after the fever has subsided. Hutinel is still more strict and prescribes absolute milk diet for four or five weeks. Legendre and Broca are not so strict and on the fifteenth or twentieth day modify the milk diet by the addition of soups and eggs.

But soon a diametrically opposed view began to gain ground. In 1905 Dufour reported 200 cases in which he had fed the patient with soups, bread, meat and obtained no unfavorable results, but, on the contrary, improved the patient's strength and made him capable of resisting the complications of the disease. Beclare, Sireduy and Comby endorsed this opinion with some reservation and modified this diet only when there were traces of albumen in the urine.

Finally, Dopfer concluded that a chlorine-free diet, which is useful in nephritis, would prevent the latter in scarlet fever. He therefore gave the patient meat without salt and his views were later confirmed by Guinon and Pater. The following diet is a compromise of these various views and is suitable for the average case of a non-albuminuric scarlet fever:

(a) During the first four or five days when the patient is under the full sway of the disease and has no desire for solid food a milk diet should be maintained. From one-half to two litres should be given daily, according to age, and in the intervals the patient may have sour drinks such as lemonades, grape juice, etc.

(b) After the fifth or sixth day we retain the milk as a beverage and add to it soups, eggs, without salt, and, later, vegetable pastes, purees and meat without salt. This salt-free diet should be continued until the end of the third week of the disease, when we should begin to add salt gradually until the end of the sixth week, when the patient can eat what he likes.

Pediatricists have not yet adopted the above diet and most of them still recommend milk diet during the entire disease.

Prophylactic Measures.—We shall not dwell upon the commonplace rules known to every physician concerning the wearing of gowns which shall remain in the room and should be disinfected; the careful washing of hands and their disinfection; the fumigation of the premises after the recovery. It is the duty of the physician to supervise the application of antiseptic principles on the part of the attendants, who are more skeptical and less educated than he. But in addition two problems present themselves to the practitioner owing to the divergence of opinion concerning them.

The first is, how long shall we isolate the patient? Authors differ in this respect, some giving thirty and some fifty days for a scarlet fever without complications. If the patient has been treated with warm baths alternating withunctions of fat, as we have described, the period of desquamation will be so short that thirty days will be sufficient. In order to be quite sure that all danger of contagion is past, let us say forty days. We must remember, however, that any patient with scarlatina who has a suppurative complication should be isolated until the focus of suppuration is no longer active. Cases have been reported in which contact with scarlatina patients having suppurative foci at the sixtieth day was followed by contagion.

The second problem is, shall we stop nursing scarlatinal infants? There are two ways of looking at this problem. In the first class of cases the mother or nurse has scarlet fever. Some authors recommend weaning in such cases and say that there are exceptional cases of scarlet fever in infants. Dufour is correct, however, in saying that the danger of artificial feeding for an infant is greater than the remote possibility that he may be infected. In view of the singular immunity of infants against scarlet fever, therefore, the infected nurse or mother should con-

tinue to feed the child. In other cases the infant has the disease and then either the nurse has had scarlet fever and may continue to nurse him, or she has not had it and should then interrupt nursing. Whenever nursing is continued strict isolation of nurse and child should be enforced during the entire period of exclusion imposed by the disease.

TOPICS OF PUBLIC INTEREST.

Education in England.

Ambassador Reid's Address to New York Teachers, at Syracuse.

[*New York Tribune*, December 27, 1907.]

IT HAS been represented to me that this body of practical and prominent teachers of the Empire State would be interested in some account of what schools and teachers in England are doing.

I shall speak to you, then, briefly, of some details of past and present English educational work. But I shall do no violence to the maxims either of Dogberry or Don Quixote; shall enter upon no comparisons with our own work in similar fields. There are two reasons. First, all comparisons between countries are apt to be odious. Second, unless far more time were taken than is at our disposal to-night, for a careful statement of varying circumstances, all comparisons are sure to be unfair.

In any consideration of English education for the masses, it must be remembered that a National system for it did not exist before 1870, and could not be said to have reached good working order before 1892. The Government gave no assistance whatever for elementary schools (i. e., for what we should call common schools, or primary schools) until 1834, when the House of Commons made its first appropriation of £20 000. This was to be used solely for new school buildings. Not till 1839 did the Government make any appropriation at all for more direct aid to popular education.

Until William E. Forster in 1870 carried through the bill to provide for public elementary education in England and Wales, the Government itself could hardly be said to have taken much share in real educational provision for the poorer classes, and not a great deal even for the middle classes. Nevertheless, such as their system was, and for what it undertook, it had long been of rare excellence. It had admirably accomplished—for a certain number—the highest aim of education; it had been a wonderful

developer of character. Public schools, Eton and Harrow, Winchester and Rugby, and many another leading up to and co-operating with the two Universities, had been such a nursery of statesmen, of soldiers and sailors and great proconsuls and civil administrators throughout the Empire on which the sun never sets, as the world had never before seen. It may have been a fanciful notion, attributed to the Iron Duke, that Waterloo was won at Eton, but certainly the secret of Anglo-Saxon superiority in the 17th and 18th centuries was largely to be found in the British schools and universities.

FORMER CONDITIONS IN ENGLAND.

The secret of some other things was to be found in the chaotic and undeveloped state of popular elementary education. The long reign of Queen Victoria had but recently begun, when in February, 1839, Lord John Russell wrote to the Lord Lansdowne of the day: "I have received Her Majesty's commands to make a communication to your Lordship on a subject of the greatest importance. Her Majesty has observed with deep concern the want of instruction which is still observable among the poorer classes of her subjects. All the inquiries which have been made show a deficiency in the general education of the people, which is not in accordance with the character of a civilised and Christian nation." Continuing to speak for Her Majesty, Lord John went on to specify a lack of qualified teachers, imperfect teaching, deficient inspection of the work done by the schools of both the established church and the Non-Conformists, and finally of the neglect of the subject by Parliament.

Four years later, inspectors reported that the teaching in these schools was so bad that only half the scholars learned to read and only a quarter of them to write. And four years after that, now almost in the middle of the 19th century, Macaulay, in a speech in the House of Commons, gave the reason: "How many of these teachers," he said, "are the refuse of other callings, discarded servants or ruined tradesmen, who cannot do a sum of three; who would not be able to write a common letter; who do not know whether the earth is a cube or a sphere; and cannot tell whether Jerusalem is in Asia or America; whom no gentleman would trust with the key of his cellar, and no tradesman would send of a message."

Even as late as 1861, about the time our Civil War broke out, the Newcastle Commission reported almost as unsatisfactory a state of affairs. It considered that only about one-fourth of the children in the schools got a tolerable facility in reading, writing and arithmetic,—the great majority leaving school between the ages of ten and eleven. It told of a public school with such

primitive facilities that, when the writing lesson was given, four boys were required to carry ink bottles up and down between the desks, so that each boy in turn might dip his pen in the ink. And finally this Commission said concerning the private school teachers in one part of London: "None are too old, too poor, too ignorant, too feeble, too sickly, too unqualified to regard themselves and to be regarded as fit for school-keeping. Domestic servants out of place, discharged bar-maids, vendors of toys and lollipops, keepers of small eating-houses, of mangles or of small lodging houses, needle women who take in plain or slop work, milliners, consumptive patients in an advanced stage, cripples almost bed-ridden, persons of at least doubtful temperance, out-door paupers, men and women of seventy or eighty years of age, persons who spell badly, who scarcely write and who cannot cipher at all—such are some of the teachers, not in remote rural districts but in the heart of London." In recalling this and other accounts of the time it is well for you to bear in mind that in all countries reformers have sharp voices and use many staccato notes.

But Matthew Arnold was not of that class: yet he reported in 1869 that nearly half the children he examined had been less than one year at school, and half the rest less than two years.

Now, to end this statement of earlier conditions, which has been really necessary to a comprehension of the present situation, it should be added that the schools thus described might be either purely private enterprises, sometimes aided a little by local taxation, or might be under the management either of the established church of England, or of the British and Foreign School Society, representing the bulk of the Non-Conformist churches, or of sundry minor religious organisations. By far the greater number were under some distinct and positive sectarian control. Great sums had been invested by the different denominations, in school buildings and in supporting schools, when there was little other support for them. Their work had come gradually to be supplemented not only by fees but by allowances from the local taxation, and finally from the Government. Thus the churches controlled the schools; the local taxpayers had pecuniary interest in them, the parents who paid fees had, and finally the general Government had.

As would be naturally inferred, the churches that built them up insisted on religious teaching. In the case of the established church this meant the Bible, Church hymns, the Church Catechism, and particularly the doctrine of the Trinity; and at first pupils coming into such a school from Non-Conformist families or Agnostic or Jewish families, or from aggressive unbelievers, had to

receive the same instruction. Here, of course, was one opening for trouble; and another was to be found among local taxpayers, not connected with the Church of England, or perhaps with any church. With Non-Conformist schools the difficulty was somewhat different. They were disposed to be content with what was known as Cowper-Temple teaching; i. e., as legally defined in the Act of 1870, without "religious catechism or religious formula, distinctive of any particular denomination." Subject to that restriction, whatever religious instruction the local authorities desired could be given. This Cowper-Temple teaching, though apt to be satisfactory to the majority of Non-Conformists, did not satisfy the established church, or the unbelievers, and might not always satisfy the local taxpayers. - As a matter of fact, however, it evoked little protest, excepting from the established church.

Now it is easy for an American to say that all this confusion and dissatisfaction could be avoided by confining the public schools to secular instruction, and leaving religious training to the Church and the family. But it is not so easy to show how vested rights, going back often for a century or more, can thus be preserved; nor is it easy to show how the churches, which invested and were encouraged to invest their money and labors for one purpose, are to be reconciled to the arbitrary diversion of their investment, long afterwards, to another purpose. Between 1869 and 1876 houses for over a million school children were erected by denominational agencies, and the total of voluntary subscriptions for that purpose in that time was over £3,000,000. Besides the claim in equity which on the basis of such facts the churches assert, it is probably true that the majority of the English people, however much they may differ as to details, and to whatever rival sect they belong, would be still more discontented if all religious teaching were to disappear from their schools. There is increasing impatience, no doubt, with the conflicting demands and disputes of the churches, a growing tendency to say "a plague on both your houses; let the tax-paid education be purely secular"; but in spite of such outbursts, I believe the decided majority of the taxpayers still think religious instruction a necessity for the rising generation, and do not think they would have adequate security for getting it, if it were excluded from the tax-supported schools. Until 1870 the daily reading of the Bible was an essential condition of getting any Government aid for an elementary school, and it is still habitually read in most of the schools, even where not required by any authority.

SOME ERRORS CORRECTED.

During the popular debates over this measure, I received a letter from the Editor of "The Salisbury Times," besides several

from private sources, all calling my attention to a startling statement made in a speech on the subject at a political meeting in Salisbury, by a well-known and perfectly reputable Conservative candidate, to this effect:

"In Australia, since religious teaching was abolished in the day schools, crime has increased 75 per cent. In the United States in 1850 there was one crime to every 3,422 of the population, but to-day there is one criminal for every 300. In Denver, out of 10,000 boys, 2,000 of them have been in jail. Now, we do not want the same thing to happen in Great Britain."

I was asked if these statements were not misleading, and I prepared such a reply as careful inquiry seemed to show that the facts warranted. But there was at the moment no such storm-centre in British politics as this religious phase of the educational question; and on second thoughts it appeared wiser for a diplomat to obey the old rule about rigorous care to avoid getting in any way involved in the domestic debates of the country to which he was accredited,—even if it should be at the temporary cost of not promptly correcting misapprehensions about his own country.

Now, it would have been easy, first, to call attention to the curious fact that the statements were strikingly like some unwise stories published from time to time, some only a few years earlier, in American reviews of high standing, concerning an alleged increase of juvenile crime in London, following the extension there of the free school system. Next, as to the allegations concerning the United States, it might have been said at once that they were inexact, and that, even if they had been accurate, they would have needed to be made more complete to avoid giving an inaccurate impression.

They were inexact because the latest census statistics available, those furnished by the Census Office in 1904, show that instead of one criminal to every three hundred of population, there is only one to every 990; also that there has been a reduction between 1890 and 1904, not merely in the proportion of criminals to total population, but also in the actual number of criminals in spite of the increase of population; and finally that the Census Office believes that its own returns of criminals before 1880 were imperfect, making the number previous to that date too small, and consequently exaggerating the increase in the next decades.

SUGGESTIVE FACTS FOR AMERICANS.

And yet I cannot help feeling that on the general subject we might profitably take a hint from the old country. Whatever else we may say about the English schools they do turn out well behaved, orderly boys and girls, respectful to those set over them,

grounded in the morals of Christian civilisation, with an instinctive sense of obedience to law and a becoming regard for the authorities that represent it. Would we be any the worse off if we had more of these qualities here? May it not happen that in our effort to keep all questions of religion and morals in what we consider their proper place, they may in reality be left without any place in the training of a good many children? If the interest of the Republic requires that every child should be compelled to learn to read its laws, does not the same interest as imperatively require that every child should be taught, and should be unable to escape being taught, the absolute necessity of respect for those laws and of prompt and dutiful obedience to the officers of the law? Does not the interest of the Republic further demand that the coming citizens shall have some idea of our old beliefs in the Fatherhood of God and the brotherhood of man, or at least shall be thoroughly grounded in the great principles of the moral law, without which neither ordered liberty nor civilisation itself can exist?

If English schools, according to our ideas, go too far, in teaching creeds, may we not be going too far the other way, in some parts of the country at least, in excluding altogether, or in giving too little space to teaching unsectarian religion and morals, to enforcing respect for authority, and to training the habit of mind that secures unhesitating obedience to law, and to its officers? In London the policeman, the representative of law, often controls the biggest and angriest crowd by lifting his hand, in cases where the New York policeman has to lift his club. Nay, here the giddy chauffeur, for a single example out of many, gayly snaps his fingers at the uplifted club, and has to be run down on a motorcycle. Even then, when caught, he is apt to tell the presumptuous policeman he means to have him "broken" for his pains. Such a threat in London would railroad him to a long term in jail. The mere failure to stop, the moment a policeman lifts his hand, is generally in England unthinkable; the imagination is staggered to conceive the punishment that might befall the insensate and foolhardy person who would venture on such unprecedented lawlessness. Some cause has produced this difference. Is it improbable that early training in a school that could be nowise escaped by the growing boy had something to do with it?

FRILLS, ESSENTIALS AND DISCIPLINE.

American critics of tendencies in their own schools sometimes object to the "fads and frills" which, as they say, keep the children

from learning "the three R's." It will be observed that the London elementary schools likewise provide for a good many so-called "frills." But it must be noted that these are not permitted to take the place of the essentials. Whatever else a London child may learn at a "provided school," he must and does learn to read, write and cipher. Two out of the three at least he generally learns remarkably well. Nothing is apt to strike an American more, when he comes to know the product of English elementary schools, than their thoroughness in these essentials. I have rarely seen a domestic servant who did not have a fairly good handwriting, spell with more accuracy than some of our own misguided college professors, and compose a clear letter, well-expressed, in civil phrases, not offensive by an unwarranted familiarity or wanton assurance in demanding the time of a stranger, not verbose or slangy; in fact likely, by its appearance and manner at least, to create a good impression. Would that we could say as much for all the graduates of our colleges.

In most of the London schools there are three departments, those for boys, girls and infants. An average number for the three would be about 1,000. There are also schools in which the sexes are not separated. About half the teachers in 1869 were women and girls, by 1900 they had become three-fourths. Certified masters of schools are paid about £129 per annum, say \$640.00; and certified mistresses about two-thirds as much. Pupil teachers are put in training, on application and favorable reports, at 14 years of age; and after a year, study only half the day, teach the other half and are paid a graded salary which at the end of three years more, rises to £30 for boys and £24 for girls. Women are eligible for Educational Committees, and their service seems to be popular.

The general limit for compulsory attendance at elementary schools was thirteen years, but the local authorities now have the power to raise it to fourteen, and the prevailing tendency is towards an exercise of this power. The penalty on parents for neglect is £1 with costs. The pupils are graded by various standards, known as standard 1, the lowest, and so on up to standards 5 and 6, which represent the highest elementary work, and standard 7, which denotes the distinct extension of the work into the secondary field.

Discipline in the schools is generally very well maintained: pupils of both sexes are early taught obedience, courtesy and respect—sometimes even yet in the old way! Persuasion and kindness are first tried; the effort is to lead the pupil by rewards rather than by punishments. But the hard-headed local authorities have generally not the remotest intention of spoiling the child in order

to spare the rod, and the traditional cane is still served out to the head masters and the head mistresses along with the other school supplies. It is not often used, and never without care and some thought of possible legal reprisals, but it is there and it is used if needs must. Perhaps the lad's opinion of Archbishop Temple, at Rugby, may be taken as the ordinary schoolboy's general notion about this application of discipline, when it does come: "He's a beast, but a just beast."

There is a marked tendency in most of the elementary schools to freshen the work, take it away from the old routine methods and make it a real process of drawing out the latent capacities of the child and encouraging it to think, to feel its own way, and to learn for itself. There are many illustrations and experiments, occasional excursions and object lessons. Efforts are made to use the successes of pupils as an abiding stimulus for the schools, and the permanent tablet on the wall serving as an "honor board" is a frequent feature. The local authorities sometimes offer a valuable picture as a prize to a class or a school that in some way distinguishes itself, and with a thrift almost Yankee in its subtlety gain by what they give, since the picture remains as the permanent adornment of the schoolhouse!

ENGLISH SECONDARY EDUCATION.

In 1861 Matthew Arnold, after inspecting foreign school systems, returned to report to the Royal Commission on Endowed Schools, which had sent him out, with the appeal: "Organise your secondary and your superior education." Ten years later Professor Huxley, in the first London School Board, urged an arrangement by which a passage could be secured for children of superior ability from the elementary schools to schools in which they could obtain a higher instruction. No educational system, he said,—in a notable speech, now familiar, I think, to most American educators—no such system would be worthy the name of a National system, "unless it established a great educational ladder, the bottom of which should be in the gutter and the top in the University, on which every child who had the strength to climb might, by using that strength, reach the place for which nature intended him."

But in 1907 the appeal of Matthew Arnold is not yet fully answered, the dream of Professor Huxley not yet fully realised. Unsystematic as the primary education has been found, secondary education is still more so. There are in London "Higher Grade Schools," "Organised Science Schools," and "Higher Elementary Schools." Some of these are merely the highest class of elementary schools, reaching up into subjects proper to the first years in secondary education; some others represent a rather confused ef-

fort to promote secondary education, technical education and commercial art education side by side. Some of them give efficient instruction in chemistry, physics, electricity, physiology, botany, French, German, algebra, geometry, trigonometry, English literature and history. It is not clear that many of them enable their students to pass on to universities. A "Higher Grade" school at Leeds has a superior record in that respect, ninety-three of its pupils having matriculated at London University, and sixty-five having taken university degrees.

There is another development of secondary education directly from the elementary schools, generally more practical in its nature, and tending often to scientific or technical courses. This is the one stimulated by a system of scholarships, junior, intermediate and senior, offered by the London County Council and open to competition by the pupils in the elementary schools. About six hundred junior scholarships are thus given in a year to boys and girls under thirteen years of age, and nearly all go to pupils of the Council schools. These keep the children at a Higher Grade Council school or at a secondary school for two years, pay fees where there are any, and give the pupil for his maintenance for the two years an allowance of £20; but the parents of the children receiving them must have an income less than £150, say less than \$750. The boy or girl who gains one of these scholarships gets tuition one year beyond the usual fourteen-year limit, and is then able to compete for an intermediate scholarship. These again are open to any under sixteen, whose parents have an income of less than £400 a year; and when won, secure any fees in secondary schools, together with an allowance of £55 for maintenance for two years. There are about one hundred of them a year for all London, and they practically denote the high water mark of Council school education. There are still, however, seven or eight junior scholarships a year, and these carry the successful contestants for three years at a university, with tuition fees and a maintenance of £30 a year. This, it will be observed, constitutes a genuine scheme of state supported secondary education. It is not open to all who may have passed through the lower classes and feel like keeping on. But it is open to the selected few who have shown special qualifications for a higher training, and whose parents are poor; and to these most hopeful children of the Empire their government extends not merely free tuition but free support. Those seeking the old universities, and many of those seeking scientific courses at the new ones, still resort, if they can, either to schools conducted for private profit, or to the public schools, so called, i. e., endowed schools like Harrow, Rugby, Westminster, St. Paul's, Manchester Grammar School and thirty or thirty-five

more. Many of these are ancient foundations, and they have borne a vital relation to some of the proudest pages of English History. At least two of them, Winchester and Eton, were well endowed, for the time and in successful operation before the discovery of America. A much larger number were established before the Colonies at Jamestown and Plymouth were; and most of the more noted ones before our Declaration of Independence. These schools belong therefore to our history, too. They recall to us as well as to Englishmen, in their scrupulously guarded rolls, their successive generations of eminent men. They make alive again the proud records above the sacred dust of myriads of the great departed all over the land, from stately cathedrals to the quiet churchyard of the remotest hamlet. This sacred dust it was that gave the inspiration to Oliver Wendell Holmes's eulogy of England and her illustrious dead, and justified his vivid outburst:

One-half her soil has walked the rest,
In poets, heroes, martyrs, sages.

These public schools are in general splendidly healthy and useful yet; within their field and for their purposes unsurpassed in the educational work of the world. But their field, until recent years, has been almost exclusively the Humanities; and their aim, Senior Wranglerships and double firsts in the universities, the front bench in the House of Commons, and responsible places all around the world in the administration of the Empire, or in their most esteemed services, the Army, the Navy and the Church. Till 1851 mathematics was not compulsory at Eton, nor French till 1862. Natural Science was scarcely noticed.

CO-ORDINATING THE SCHOOLS.

An English educational writer has unfairly said that "England is the country where dead systems live." A student of her educational history might be tempted to accept that judgment if he looked merely to the fact that it was only as late as 1895, and after the notable report of Mr. James Bryce (now His Majesty's Ambassador to the United States) on the best methods of establishing a well organised system of Secondary Education in England, that a central organisation was created to co-ordinate all these previous divergent and unregulated schools which furnish the links between the elementary schools below and the universities above, as well as the technical and scientific schools that ought to be above. Before that date the most considerable part of the secondary education work was under the control of the Charity Commission. The Science and Art Department had been administering the newer plans to meet the special demand for

technical instruction and had the disposition of an income for this purpose of nearly a million pounds (five million dollars) per annum. The Education Department had charge of the elementary schools, and, as has been seen, had developed from these some interesting advance into the secondary field. At last in 1900 a Board of Education was created, which took over the secondary educational work of the Charity Commission, of the Science and Art Department and of the Education Department.

The work thus at last co-ordinated had reached great proportions. In 1892 the Charity Commissioners reported the educational endowments in England alone, available for secondary education, as producing an income of over £697,000 a year, say three and a half million dollars,—not to reckon at all the value of their buildings and sites. In 1897 the Education Department made a census of English Secondary Schools. Its returns were thought to be vitiated by including many not really entitled to rank as secondary schools; but it reported 6,209 of them, with pupils numbering almost ten in the thousand of the whole population. The Science and Art Department received the customs and excise money (popularly "the whisky money"), and from this fund technical schools were given nearly £864,000 in 1900, while the sum raised for the same purpose by rates (local taxes) amounted to £106,000 more, say in all over four and three-quarter million dollars. Under the latest legislation this goes to the County Councils, and the Councils of County boroughs and of urban districts. It must be spent on secondary education. They have authority to raise more by local rates, but this in the case of Counties must not exceed a two-pence rate.

At present the regulations forbid teaching more than thirty-five scholars together at one time. They permit fees that may be approved by the Board, but require that one-fourth of the school places be open without fees to pupils from elementary schools, who pass a satisfactory entrance examination. The number of such schools in England and Wales recognised by the Board and given State aid was 689, in the years 1905-'06, and the number of pupils was 94,689.

Attendance at English elementary and secondary schools is still apt to stop at the age of fourteen, if not earlier, but the tendency begins to be toward a longer stay. Sports are still an absorbing part of the school work, and interest in them is almost as necessary for the teacher as scholarship. The teachers are not so apt to show individuality and energy as they are to be careful and pertinacious. Great attention has been paid to the training

of teachers of late years, but the system of "pupil teachers" has still to eke out the supply. In the great cities there is an enormous and interesting development of evening schools. Trade schools are increasingly numerous and popular. In the great technical schools there is a noticeable absence of pupils who seek easy electives, and are there chiefly for the degree. Their work is often not very rapid, but it is apt to be thorough. In all these directions the admonition of the Prince of Wales on his return from his Eastern trip has been heard, and England has "waked up."

It will have been noted that in elementary schools the prevailing tendency of late years has been toward sense training, object lessons and manual employment. So among secondary schools the tendency has been toward studies fitting for practical scientific, or manufacturing and commercial life. Both are more democratic than the historic public schools; and there begins to be a greater mingling of classes in the more recent secondary schools, in the scientific technological schools, and in the newer universities to which they lead.

UNIVERSITIES AND RHODES SCHOLARS.

Naturally, then, the chief new development of educational activity has been in the expansion or creation of advanced institutions to carry on this practical training beyond the secondary stage. Until less than a century ago, there were only two Universities in England and Wales. Now there are ten. Practically all the new ones yield the preëminence in the old classical, mathematical, and philosophic training to Oxford and Cambridge, while they strive to occupy more thoroughly the undeveloped field of scientific and technological work. Then there are twenty-three Technical Institutions in England and Wales, recognised by the Board of Education, and 231 schools of art applied to the industries.

The Universities have been slowly led to examinations for the various kinds of secondary schools, some of which serve as leaving examinations for the schools and others as matriculation examinations for the universities, though often used by the recipients for other purposes. Oxford and Cambridge took up this work near the middle of the last century, first separately, then in a joint board. Subsequently London University undertook it on a large scale, and Durham, Victoria and Birmingham have moved in the same direction. The City and Guilds of London Institute also held examinations for technical schools and classes throughout the country.

University work proper is beyond the limits of what you are considering at these meetings; but a word in closing might be

given to the Rhodes scholarships at Oxford. We have almost a hundred young American graduates there, distributed through the colleges of that venerable and illustrious University. They are chosen on examination, two from each State and Territory; they are given free the best the university can offer through a three years' stay, and they receive from the fund an allowance of £300 say \$1,500, per year for their maintenance. The purpose of the great man who founded this trust was to increase intimate and friendly relations between the most highly educated classes of the Mother country and those of her "giant offspring of the West"; and to further a good understanding between the three nationalities included in the arrangement, England, Germany and the United States. I have met with these Rhodes scholars at their annual reunion at Oxford; and I am glad to testify here at home to their admirable appearance and conduct, and to the favorable opinions of them expressed to me by the Oxford Dons with whom I conversed. As one saw them together, breaking in upon the cloistered quiet of those historic halls, he might almost imagine himself at a big middle-West College in our own country. He would scarcely be able to single out the German Rhodes scholars from the rest, and quite unable to tell Americans from Australians or Rhodesians or Newfoundlanders or Cape Colonists or New Zealanders. But about them all was the air of new worlds and a new era. One might almost fancy their eyes had already seen the glory of the time when under the leadership of the English-speaking peoples the war-drum throbbed no longer, and the battle flags were furled, in the parliament of man, the federation of the world.

U. S. Navy Medical Corps Gets a Stimulus.

Men in Training Inspired With New Hope by President Roosevelt's Policy.

BY WALDON FAWCETT

[*New York Tribune*, January 12, 1908.]

THE action of President Roosevelt in detailing Surgeon Charles F. Stokes, U. S. N., to command the United States hospital ship *Relief* has stimulated ambition among officers of the medical corps of the navy. The President's vote of confidence in the naval surgeons in the face of the resignation of Rear Admiral Brownson and the protest of line officers of the navy has inspired the medical men with new hopes, and their influence is already manifest at the United States Naval Medical School at Washington, where the officers of the medical corps are trained for their diverse duties on shipboard and at the various shore stations. Heretofore only a small percentage of the grad-

uates of American medical colleges has been attracted to the naval service, and the present class at Uncle Sam's school for navy surgeons numbers only about thirty-five young men, but a largely increased enrolment is now expected.

With the Republic rapidly adding to its roster of fighting ships, a hospital ship being placed in commission and long cruises becoming the order of the day, there has come imperative need for an expansion of the medical corps. How to accomplish this has been puzzling the officials of the bureau of medicine and surgery at the Navy Department for some time. It is small wonder, then, that they have hailed with delight the added prestige that has come to the corps, confident that it will attract to the service many young physicians now on the thresholds of their careers, and affording just the sort of material desired for building up the personnel.

While the Naval Medical School is not, of course, so large or so pretentious an institution as the United States Naval Academy at Annapolis, where the line officers are trained, it is nevertheless an interesting seat of learning and one which is in all respects creditable to the nation. Considering the short time it has been in operation—not quite six years—the development has been rather remarkable. The need for an institution where a systematic course of instruction could be provided for officers of the medical corps of both the army and the navy was recognised from the early days of the government, but despite frequent agitation on the subject the naval officials were not able to accomplish anything in this direction until 1893.

In that year Surgeon General Tryon started a "department of instruction" at the United States laboratory in New York City, and the results were satisfactory, but the conditions resulting from the Spanish-American War made it impossible to continue the project. In 1902, however, Surgeon General Rixey, the present head of the medical corps, took hold of the matter in earnest and procured the establishment at the national capital of the United States Naval Medical School and Hospital.

As a site for this college for navy surgeons he obtained the buildings and grounds of the old naval observatory, in the western part of the city of Washington and on a knoll overlooking the Potomac River and a large part of the capital city. The old observatory building, a rambling, spacious, white structure, surmounted by the now unused observatory dome, made, when remodelled, an excellent nucleus for the home of the new school. To it have been added supplementary structures, including power plant, laundry, stables and so forth, and at last a new hospital, completed only about a year ago. What has been done is only

a beginning. A plan has been prepared providing for new buildings for officers' quarters, for an enlargement of the hospital to a capacity of five hundred beds, and for other new construction that will enable the headquarters of the navy medical corps to come at least a little nearer taking rank with the new home of the Naval Academy at Annapolis and the rejuvenated home of the Military Academy at West Point.

The student officers of the medical corps, or assistant surgeons, as they are officially designated, enter the Naval Medical School immediately upon their appointment to the service, and each newcomer in the corps spends at least half a year in this institution, gaining the advantages of what is virtually a post-graduate course that supplements the instruction previously received at some college of medicine. The six months' course prepares the young surgeon for any duty which may thereafter fall to his lot afloat or ashore.

The course of study is essentially practical and includes tropical medicine, bacteriology and laboratory work, naval surgery, drills and so forth. Indeed, there are few graduates of our best medical schools who are afforded an opportunity equal to that of the newly commissioned assistant surgeons of the navy for rounding out their education as physicians and surgeons; and all the while these newly enrolled officers are receiving the full pay of their rank, with allowances.

To the average layman, who may imagine that the qualifications of a navy surgeon consist only of a technical knowledge of pills and powders, it would prove a revelation to visit the Naval Medical School during the morning hours on any weekday. Promptly at 9 o'clock he would observe all the student officers emerge from the building and for a considerable interval devote themselves to a strenuous physical programme, including "setting up" drills and winding up with a brisk run of from half a mile to a mile. Then follows a litter drill in the open air, which tends to give the young men the utmost facility in the quick-handling of stretchers. After a change to regulation uniforms the young officers devote a quarter of an hour or more to the sword drill, and at times this is followed by a period of practice in wigwag signalling. Having aroused all their faculties by this physical activity, the assistant surgeons next put on flowing black robes and plunge into laboratory work. Lectures by eminent specialists and practical work in the hospital are also features of this valuable initiation into the naval service.

As has been said, the student officers are on Uncle Sam's payroll from the day they enter the medical school. A physician

enters the service as assistant surgeon, a grade which corresponds in rank to that of lieutenant, junior grade, in the navy, and to that of first lieutenant in the army, and carries pay at the rate of \$1,500 a year. In addition, quarters are provided, or an allowance of \$228 a year is made, where quarters are not available. Three years from the date of his first commission the assistant surgeon is entitled by law to promotion to a grade corresponding to that of lieutenant in the navy or captain in the army, and this means, of course, an advance in pay and allowances. Further promotions come as vacancies occur until the medical corps officer reaches a grade equivalent in rank to that of captain in the navy or colonel in the army, with a minimum salary of \$3,500 and allowances.

All army and navy officers under the rank of rear admiral receive 10 per cent. additional pay for every five years' service until such bonus reaches 40 per cent; and here the officer of the medical corps has a distinct advantage over the officer of the line; for when a physician is commissioned as assistant surgeon he is given credit for five years' constructive service—the government in this way recognising the cost in time and money of his professional education. Thus the pay of an assistant surgeon is really \$1,650 a year. The highest pay of a medical director, the highest grade in the corps, is \$4,500. The surgeon general receives the rank, pay and allowances of a rear admiral.

Although the naval medical school has so far cost the country a comparatively modest sum, its equipment is noteworthy in many respects. It has a handsome lecture room, hung with charts and provided with other appropriate accessories; a library stocked with a superior collection of technical books, a great variety of instruments, some of rare value and all of importance, among them a number lent to the school by Surgeon General Rixey; special apparatus in the way of stretchers, signalling outfits and so forth, and a moving platform that imitates the motion of a ship's deck, for stretcher practice under sea conditions.

Not only do the newly enrolled assistant surgeons receive training at the naval medical school, but there is also a course of instruction for passed assistant surgeons and surgeons—veterans in the service—who are detailed for study from their ships or from some of the seventeen naval hospitals in various parts of the country, in order to familiarise them with the newest discoveries in their profession. Medical Director John C. Wise is the president of the naval medical school. He is a native of Virginia and entered the navy in 1870. He has seen much sea service and was fleet surgeon on the *Baltimore* during the Spanish war.

ABSTRACTS.

MODERN THERAPEUTICS.

The Therapy of the Lactic Ferments

THE most formidable intestinal bacteria are due to putrefaction. Bacteriological researches have shown that lactic ferments are the true enemies of putrefaction. The Bulgarian lactic ferments (fermenlactyl) in particular, are the most active to prevent it. Fermenlactyl tablets advantageously replace kephyr, yoghourt, and all other lactic ferments; and have no superior as an antiseptic for suppressing intestinal putrefaction.

Dyspepsia.—Many dyspeptic troubles are due to abnormal fermentations causing pyrosis and a sensation of heaviness in the stomach. Acetic acids, butyric, etc., as well as chloric acid are found in the gastric juice. These acids are produced by microbial fermentations. Fermenlactyl destroys the bacteria and abolishes the uneasy sensations accompanying the digestion.

Intestinal Troubles.—Professor Pawlow, of St. Petersburg, has shown that the best stimulant for intestinal secretions is a solution containing an organic acid. Fermenlactyl realises this condition and it may be considered as the best intestinal tonic, stimulating as it does, the secretions of the liver and pancreas. Further, its lactic ferment destroys the noxious microbes of the intestines. In fetid diarrhea accompanying typhoid fever, enteritis, indigestion, etc., fermenlactyl is the nourishing diet that should be taken.

Appendicitis.—This disease is recognised as being of infectious origin, and as fermenlactyl combats intestinal infections, it is an excellent preservative and most easily supported nourishment.

Diabetes.—The lactic ferment contained in fermenlactyl destroys the sugar, and transforms it into matters inoffensive to our organism. Fermenlactyl is the nourishing element which will most rapidly diminish the quantity of glucose.

In conclusion fermenlactyl is indicated in the following diseases:

(a) Affections of the digestive tube, gastroenteritis, infantile diarrhea, enterocolitis, dysentery, intestinal tuberculosis, typhoid fever, chronic intestinal infection, and for the treatment of diabetes.

(b) Fermenlactyl is also indicated for reducing to a minimum the source of organic intoxication, cirrhosis of the liver,

chronic nephritis, cardiac affections, gout, gravel, arteriosclerosis (old age), arthritis, furunculosis, urticaria, and the like.

(c) Fermenlactyl may also be prescribed in cases where patients are submitted to an alimentary diet liable to increase intestinal fermentation, such as the feeding of children with sterilised milk.

Contributions to the Therapeusis of Cholelithiasis

ARTHUR SCHWEITZER (*Port and School Physician, Fiume; Gyogyaszat, Budapest, March 17, 1907*), says a survey of current medical literature leads to the gratifying conclusion that important progress has been made both in regard to the etiology and treatment of cholelithiasis. It is now established that it is due to catarrh of the gall-bladder and ducts, occasioning deposits of lime and cholesterin. Biliary stasis hinders expulsion of concretions and of microörganic accumulations; the disease occurs in 20.6 per cent. of females who wear corsets, and only in 4.4 per cent. of males.

Carlsbad mineral waters, as Naunyn and others have shown, act by stimulating the circulation and increasing the powers of resorption, and by favorably influencing the hepatic and gastrointestinal mucosæ. But even the warmest advocates of Carlsbad admit that radical cure can only be expected from drinking the waters right at the springs, whereas many sufferers are unable to leave home.

Salicylic acid produces an abundant flow of thin bile and has important antipastic and antiseptic effects. It has no direct solvent action, but does prevent the formation of new stones. The employment of olive oil, though often followed by excellent results, is extremely difficult on account of the uncontrollable nausea it occasions. Blum therefore advocated the nonirritating saponaceous combination, the oleate of soda, which in addition to the cholagogue action of the oil has marked cholesterin-solvent effect.

The favorable results which Brings and others obtained from probilin pills, in which Bauermeister effected a happy combination of salicylic acid and sodium oleate, induced Schweitzer to try the remedy in his own practice in seven cases, of which he details three. The attacks diminished in number and intensity even in the first days of the probilin treatment; and after its termination the patients remained well for considerable periods of time. It is well to employ the pills also as a prophylactic measure.

Acute cases should get twenty probilin pills a day; chronic ones six to ten daily, three to five morning and evening. In chronic cases a four weeks' course, followed by a short interval, and a three weeks' course four times during the same year, are advisable. Schweitzer concludes that Bauermeister's pills are undoubtedly remarkably efficacious in all varieties of gallstone disease, and he is convinced they will soon come into general employment.

A Contribution to the Treatment of Gonorrhea with Arhovin

M. WEINBERG, Vienna, Austria (*Wiener medicinische Presse*, No. 44 1907), says that since he and Brings, some three years ago, jointly published their experiences with arhovin, he has made continued use of the remedy and the favorable verdict which he now again renders therefore carries with it especial weight.

His observations signally demonstrate the fact that it is certain in effectiveness and, moreover, has the merit of never causing irritative reaction on the part of any organ,—a claim which cannot be made for any of the balsams. For even new and improved balsamics are not altogether free from disagreeable actions on the stomach, intestines and kidneys. On the other hand, not one such instance is reported in the entire literature of arhovin, despite the large number of recorded cases. This fact is of such importance that, even if it were only equal in efficacy to the other medicaments, arhovin is far preferable.

Weinberg also finds arhovin possessed of most remarkable analgesic properties—a fact which he ascribes to the promptness with which it is absorbed. He always noted that even severe pain ceased within two days after its administration and often on the same day. The astonishing regularity of this effect can only be explained on the ground that arhovin, which is rapidly eliminated, anesthetises the genitourinary organs and arrests the inflammatory processes. Weinberg places the dose somewhat above the average, giving in severe cases ten of the capsules at four grains daily. He attributes his excellent results partly to this increased dosage, from which he never saw untoward effects.

Collargolum in Puerperal Infection

E. BONNAIRE, Accoucheur to the Paris Hospital. (*International Clinics*, Vol. III, 17th Series.) To obtain a slow, continuous and prolonged modifying action, collargol is

used by inunction over a long period, or by the stomach, or by enema in 1 per cent. solution as has been done by Chrobak and Kuestner. But when an immediate and energetic effect is imperative, it must be injected intravenously. Collargol (1 per cent. to 10 per cent. solution) can also be used as a topic in localised infection, and gave us results superior to those from any other remedy in ophthalmia neonatorum. In purulent ophthalmia we obtained better results with 2 per cent. than with stronger solutions.

Except with patients who are practically dying, rise of temperature always occurs one or two hours after a collargol injection, reaching its maximum after the rigor. It only lasts a few hours and is followed, in the most favorable cases, by rapid defervescence or defervescence in lysis, the temperature becoming normal in two to six days if recovery is to be obtained by one injection. When further injections are necessary, hyperthemia takes place after each. The rise is sometimes considerable. In one instance, in which total defervescence followed in 36 hours, the temperature reached 108° .

Although less frequent, the rigor which accompanies or precedes the hyperthemia and the leukocytic manifestations is fairly regularly observed, particularly in favorable cases. In 40 cases of puerperal infection treated by collargolum at the Lariboisiere Hospital we have been struck with the relative frequency of the rigor in cases that recovered and its rarity in fatal cases. In 27 that ended in recovery, rigor was noted in 19, 75 per cent.; whereas it occurred but four times in the 13 that ended fatally, 30 per cent. This symptom therefore has prognostic value. It was absent in some patients who recovered, when the injection was made after a rigor due to the infection. It was always lacking in cases treated shortly before death. This rigor generally occurs only after the first injection, but we have observed it to be absent after the first and to appear after the following ones.

A third reaction, fully as common as the others, and to which all women themselves called attention, is the remarkable euphoria after an injection. Distressing symptoms—headache, intense thirst, dyspnea—disappear very rapidly. This was quite striking, for it took place in one patient at the same time as the rigor, while the temperature in the axilla rose to 108° . The rigor causes no more discomfort than that which follows normal delivery, and thus differs from septicemia chills.

Collargol gives rise to no signs of argyria (paralysis, nephritis, enteritis, etc.), as is the case with silver nitrate. When we began to use collargol, we had just encountered a long series of failures

with Marmorek's serum. In January, 1903, we made our first timid attempt, injecting 2 cc. of solution in a woman whose temperature oscillated between 100 and 104°, despite our endeavors. Defervescence was sudden and immediate, and was only disturbed secondarily by the appearance of an abscess. Since that day, taking only hospital cases into consideration, we have collected 40 complete observations. That this series of cases is so small, is due to our desire, until quite recently, to reserve collargol for the most serious cases—cases that resisted all ordinary methods of treatment—in order to collect reliable statistics on the value of collargol.

Twenty-seven or 70 per cent. made favorable recovery. In 15, cure was obtained with one injection, in 7 with 2 injections, and in 5 with 3 to 5 injections. Four of the cases had not proved refractory, but as they were grave from the start,—women with putrid feti and fever through labor or auto-contamination through extragenital suppuration,—collargol was injected at once, in a certain sense as a prophylactic. Of the 13 who succumbed, 9 received one injection, 3 of whom came to the hospital the day before death; 3 received 2 injections; and 1 died after long cachexia despite 5 injections. We desire to lay stress on the fact that in the majority of cases we turned to collargol as our last ray of hope.

Internal Medication in Gonorrhea

JOSEPH PIKET, assistant at the Allgemeine Poliklinik, Vienna, (*Berichte d. Versammlung Deut. Naturforscher u. Aerzte*, September, 1907,) says the treatment of gonorrhea taxes all the therapeutic resources at our command, among which internal remedies by no means rank as the least important. Of the latter, the balsams until lately held the dominant position. But in the large doses in which they have to be given, they disturb the gastrointestinal tract and, by the excretion of resinous acids, irritate the kidneys, while normal renal function is indispensable in the internal treatment of gonorrhea. Occasionally, too, a balsamic erythema or urticaria is observed. As, moreover, the balsams are powerless to prevent the development of gonorrhea, it was most desirable to find a more effective adjuvant to or, under proper circumstances, a substitute for the injection treatment.

These efforts have found successful culmination in arhovin, an addition product of diphenylamine and esterified thymyl-benzoic-acid. By reason of its strongly antiseptic components, arhovin possesses a marked disinfectant action, which after its

exhibition is still greater, as the remedy,—that is, its decomposition products,—renders the urine acid, clears and imparts bacterio-inhibitory properties to that excretion, and thus combats the pus cocci. Arhovin is not toxic, has no harmful effect on stomach or intestines, and does not irritate the kidneys. According to Burchard-Schlockow's work, it is absorbed in 20 to 25 minutes, and is excreted in altered form. The acidity of arhovin urine is so marked that usually it remains acid for 14 to 18 days. Piket's experience with it extends over two years and includes a large number of severe cases, both of acute and chronic gonorrhea, gonorrheal cystitis and complications in the female. He summarises his opinion as follows: "Arhovin is readily taken and well borne, has no deleterious effect of any kind, limits secretion, hinders gonococcal growth, and possesses a marked sedative action. It is a valuable addition to the armamentarium,—a remedy that no physician will want to dispense with, for a test leads to its permanent adoption."

INFLUENZA OF THE NOSE, THROAT, AND LARYNX.—W. Sohler Bryant of New York describes the course of influenza and the complications involving the nose, throat and larynx. Pressure in the nose causes reflex symptoms in the higher centers of the cortex and brain. The ostia of the various sinuses are closed and catarrhal inflammation of those cavities may ensue. The frontal and maxillary sinuses cause frontal and facial pain and tenderness. When the ethmoidal and sphenoidal sinuses are involved there is extreme intranasal tenderness and discharge, with pain deep in the head. In the pharynx tonsillar inflammation and abscess may occur. The larynx when involved, shows its inflammation by irritating cough and pain. Prognosis for recovery is good. Treatment is abortive, local and general. Abortive treatment consists of the application of astringents, preferably silver nitrate to the mucous membranes. Irrigation with saline solutions and peroxide of hydrogen are useful when there is pus. Sinus complications may be helped by hot irrigations of the nasal cavities.—*Medical Record*, January 11, 1907.

THE RENAL COMPLICATIONS AND SEQUELAE OF INFLUENZA.—Heinrich Stern of New York believes that renal complications after influenza have not been given the importance that is desirable. Slight complications in the form of renal congestion are frequent. Acute nephritis is not common, but the bacilli may be retained for years in the body and become periodically active, and affect the kidneys. Aggravation of a previous existing renal disease is frequent and of importance as a matter of prognosis. Post-influenzal nephritis occurs after the acute symptoms have subsided. This form is chronic and a phenomenon of reinfection. It is really a sequela and is of the character of chronic interstitial degeneration.—*Medical Record*, January 11, 1907.

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Modern Cystoscopy.

DR. Bransford Lewis, professor of genitourinary diseases in the Marion Sims Medical School of St. Louis, was the guest of the Buffalo Academy of Medicine on Tuesday, January 7, 1908, at which time he read a paper on the cystoscope and demonstrated the instruments which bear his name.

The interest manifested in the subject of the paper was shown by the large attendance, more members of the academy being present than had appeared at a meeting in many months; while the paper, complete as to detail of technical manipulation of the instruments under consideration and interesting in the various phases of cystoscopy, was given the closest attention. At its conclusion Dr. Lewis was accorded an ovation which showed the sincere appreciation of his audience.

Illustrative of the advance in cystoscopy were the drawings of all the principal cystoscopes which preceded the Lewis instrument. Their technical defects were pointed out; there were also diagrammatic representations of the Lewis catheterising instrument with its various telescopic lenses by which a complete view of the bladder may be had in all directions without withdrawal of the shaft of the instrument. The drawings showed graphically the improvements which Dr. Lewis has made in his instrument; improvements which make cystoscopy less irksome to the patient, more certain for the operator and more rapid.

The paper which Dr. Lewis read was full of illustrative cases and was accompanied by photographs and skiagrams showing ureteral calculi, and one which was by far the most interesting from a cystoscopic standpoint, of three ureters. This is the case which Dr. Lewis reported at length sometime ago in which a

gonorrhoeic resisted all forms of treatment until the operator discovered what he suspected to be a third ureteral orifice and demonstrated the third ureter by the x-ray, using urethral catheters through which were passed lead wires.

The demonstrations of the cystoscopes and the accessory instruments accompanying them was of the utmost interest and showed that Dr. Lewis possessed mechanical genius of high order, one of the instruments being a pair of forceps, curved and pliable, for use within the bladder, working through the shaft of the operating cystoscope and opening and closing the very small blade-tips of the instrument by a most ingenious outside contrivance.

The discussion of the paper brought out many interesting points in connection with cystoscopy, and was participated in by Dr. S. Y. Howell who detailed his experience with intravesical examination and diagnosis of obscure bladder conditions; Dr. David Wheeler, who has done much work with both the catheterising and operating instruments; Dr. J. A. Gardner, president of the section of which Dr. Lewis was the guest, and Dr. N. W. Wilson, who did work with Dr. Lewis in St. Louis four years ago, and described the appreciable improvements in technic which the originator of the instrument had made possible. Dr. J. H. Dowd discussed cystoscopy in general.

The day which Dr. Lewis spent in Buffalo was a busy one. He was breakfasted at the University Club and later was the guest of Dr. Roswell Park at the Buffalo General Hospital where he demonstrated before the senior class of the medical department of the University of Buffalo the use of the cystoscope, and catheterised the ureters in a case prior to operation. His lecture to the students was interesting and instructive, and the description of the various steps in the operation made the procedure one of picturesque dexterity. Later the visitor was entertained at luncheon, and in the evening was the guest at dinner given in his honor at the University Club by Dr. James A. Gardner, president of the section on surgery of the Academy of Medicine.

Dr. Lewis will make a tour of eastern cities prior to returning to St. Louis.

The Army Medical Bill.

THERE is every prospect of the Army Medical reorganization bill becoming a law during the present session provided the medical profession makes an impression on the members of Congress and urges them to do all in their power to secure action on the measure. If the bill comes to a vote it will

assuredly pass. This the JOURNAL can state with a degree of certainty, for there is no question that a majority of the legislators are in favor of the proposed reorganization of the medical department which has the approval of the War Department and the President.

The committee on Military Affairs of the House reported the bill favorably on January 7, 1908, and the next day similar action was taken by the Senate committee. The bill is thus practically before the House and needs only the permission of the Speaker to receive action. The same bill has been before the House and Senate two years now, and there is nothing in the way of its passage by an almost unanimous vote except the disinclination of the Speaker to permit it to come up for final action.

It is a most necessary bill and the sooner it is allowed to become a law, as it assuredly will so soon as it reaches a vote, the sooner will the Surgeon-General be able to place his department on a numerically efficient basis.

Members of the profession are urged to communicate with the Congressman of their several districts, requesting their hearty coöperation in getting the bill through the present session.

A Vivisection Bill.

A YOUNG man with a pleasing presence is making the rounds of physicians' offices seeking support for a bill for the supervision of vivisection in this State. It is apparent from an examination of the bill that the effort to regulate so-called vivisection is made in honesty and good faith; but, like many other reform measures it is an unnecessary bit of trimming, for it purposes to put an end to a state of affairs which does not obtain, that is, the inflicting of pain on animals in scientific investigation.

The horrible and soul-harrowing pictures painted by antivivisection cranks and antivaccinationists are purely products of overwrought imaginations in the great majority of cases; and, while the bill under consideration, even if passed in its present form, would have little or no effect on the progress of scientific experimentation, it has vicious shadows and is merely the opening wedge for more arbitrary and fool legislation.

It is suggested that before signing the petition for the passage of the measure physicians give it a careful reading and a more careful consideration in all its phases.

AMBASSADOR REID's address, published elsewhere, delivered during the midwinter meeting of the New York State Teachers' Association at Syracuse, deserves attentive reading by every

parent, educator, teacher, or public-spirited citizen. Especially would we invite the attention of teachers to what Mr. Reed says under the heading, "Suggestive Facts for Americans." There is no more disquieting location than the environment of a public school in Buffalo, particularly after the pupils have been dismissed. Lawlessness, heedlessness and all forms of unearthly noises run riot at such times. It is not only disturbing to the sick who may chance to reside in the neighborhood, but it is also almost equally distracting to well persons. We commend the subject to Mr. Superintendent Emerson, and to his subordinate principals, as well worthy their attention.

THE operation of appendicitis has been performed under many trying circumstances by surgeons of experience; but we read of such an operation lately performed at sea which overshadows all others regarding perplexing environment. It appears that the Cunard liner *Pannonia*, which left Gibraltar for New York on December 16, 1907, was the scene of this most trying ordeal. One of the stokers of the vessel was suddenly seized with severe pain a few days after the steamer left port and after being temporised with by the usual methods of the stoke room and the engineer's department, his condition was brought to the notice of the ship surgeon. After a somewhat hasty examination, Dr. J. Francis Orr diagnosticated appendicitis and immediately prepared the patient for operation. This was made while the ship was rolling and pitching under the influence of a heavy sea and, although braced and strapped to the operating table, the patient's body slid back and forth rendering it almost impossible for Dr. Orr to make an incision. He sent a request to the captain to bring the *Pannonia* to a dead stop until he could perform the operation. The strokes of the knife were made between lurches and within 35 minutes the operation was completed. When the ship reached New York, the stoker was convalescent.

A MEETING in reference to tuberculosis, under the auspices of the State Charities Aid Association and the State Commissioner of Health, was held at Harmanus Bleecker Hall, Albany, Monday evening, January 27, 1908, at 8.30. This meeting was held in connection with the one hundred and second annual meeting of the Medical Society of the State of New York and was presided over by the Hon. Joseph H. Choate. Addresses were made by Governor Charles E. Hughes, Lieutenant Governor Lewis Stuyvesant Chanler, Dr. William H. Welch, Dr. E. H. Porter, State Commissioner of Health, Hon. James W. Wadsworth, Jr., Senator W. W. Armstrong, Hon. Homer Folks, and

others. This meeting formed part of a campaign being waged for the enlightenment of the public in relation to the prevention of tuberculosis. It should serve to unite public spirited citizens, physicians and philanthropic men and women in large numbers to act in concert upon this all important question.

THE decision of the navy department that hospital ships would be placed under the control and command of medical officers of the navy, while their navigation shall be exclusively controlled by a competent sailing-master and civilian crew, leaves small occasion for criticism or discussion. There is no reason for navy officers of the line to find fault with the plan because they are not subordinated to officers of the medical staff by this decision.

In view of this action a telegram to the Surgeon-General of the navy that his action meets the approval of 140,000 physicians of the United States is equally out of place. A medical officer has always been in charge of sick and wounded whether upon land or sea. The only point worthy of consideration is in relation to the actual direction of the movements of a hospital ship while in commission. Under the new rule orders will be transmitted direct to the medical officer in command of the "Relief" and he in turn directs the sailing-master, a civilian, what to do. And that is all there is of it.

In relation to this subject the *Washington Post* observes: that "the point that the navy's colliers ought to be commanded by coal dealers also seems to be well taken, but not many of them might care to exchange the rank of coal baron for that of rear-admiral."

A DEPARTMENT of Health to be presided over by a cabinet officer has been agitated as a question of propriety by the medical profession, or at least a portion of it, for some time past. The JOURNAL has been of the opinion that it would not be feasible to create such an office at present. One of the strong reasons for this opinion is the fact that the country is already somewhat over-burdened with officials, departments and bureaus; and especially is the present cabinet quite large enough for all practical purposes; to increase it in numbers is liable to make it unwieldy.

President Roosevelt recently declared his opinion in the premises, according to press dispatches, as follows:

I believe that we could with advantage have a bureau of health to be put under one of the existing departments, but we need no additional cabinet officers. On the contrary, they would be a disadvantage. While we do most urgently need a rearrangement of the bureaus and divisions of the present cabinet, we also need

to have every executive office of the government put under some cabinet officer. I am against the creation of any independent bureau not under a cabinet office.

It may prove wise, in the near future, for Congress to create the office of under secretary for some of the departments; in which case an under secretary of the interior might assume charge of the public health.

PERSONAL.

DR. E. GUSTAV ZINKE, of Cincinnati, President of the American Association of Obstetricians and Gynecologists, was the guest of the Wayne County Medical Society at Detroit, Monday, January 20, 1908. In the evening he read a paper before the society entitled, "Is there room for improvement in the practice of obstetrics?"

DR. CHARLES F. STOKES, surgeon United States Navy, has been directed to assume the command of the Hospital Ship Relief, now fitting out at the navy yard, Mare Island, Cal., for special duty with the battleship fleet at present on the way to Pacific waters.

DR. E. L. KEYES, JR., of New York, will read a paper before the Buffalo Academy of Medicine on February 10, 1908. Dr. Keyes is one of the best known of the younger genitourinary surgeons in New York, and his recently published work on syphilis, based on his own clinical work has placed him in the first rank of authors on syphilography.

DR. HERBERT L. BURRELL, of Boston, president-elect of the American Medical Association, has been appointed John Homans professor of surgery at the Harvard Medical School.

DR. H. H. BINGHAM, of Buffalo, has been elected president of the Board of Councilmen. Dr. Bingham's previous service in the board would seem to entitle him to this distinction.

OBITUARY.

DR. M. ELIZABETH SCHUGENS, of Buffalo, died at her home 378 Ellicott Street, Christmas morning, December 25, 1907, after a brief illness. She was the daughter of Otto Schugens, who for many years kept a music store on Genesee Street, until his death a few years ago. Dr. Schugens was a graduate of Buffalo State

Normal School, where she prepared for her life work, that of teacher. She began her career as a teacher in School No. 36, but was soon afterward transferred to that part of Central High School which later became Masten Park High School, where she remained until her last illness. Her teaching career comprised a period of about eighteen years, during which time she not only became one of Buffalo's most successful teachers, but also one of the most respected and beloved members of Masten Park High School faculty.

She sought to increase her value as a teacher by taking the degree of doctor of medicine. Accordingly, she entered the medical department of the University of Buffalo, where after four years training she graduated with the class of 1901, and took the state license to practise medicine in the same year. It was not her intent, however, to engage in the practice of the profession of medicine, but to follow the profession of teaching for which she was fitted in high degree.

She was deeply concerned in securing medical inspection in the schools and her last public speech was made at the hearing before the councilmen on the subject of medical inspection. She was an active member of the Women Teachers' Association, a past officer of the high school section, and a valued member of the Physicians' League of this city. She was also a member of The Scribblers. With her many other gifts Dr. Schugens coupled that of a forceful speaker. At the commencement banquet of the medical department of the University of Buffalo, in 1905, she responded in a graceful speech to the toast, "The Men," which attracted the attention of the entire assemblage.

Dr. Schugens is survived by her mother and her death leaves a vacancy in her home that never can be filled.

DR. NICHOLAS SENN, of Chicago, died at his home in that city January 2, 1908, in his 64th year, of dilatation of the heart.

Dr. Senn was born in the village of Buchs, Canton of St. Gall, Switzerland, on October 31, 1844. When he was nine years old his parents brought him to this country and settled at Ashford, Wis., where he was brought up on a farm. After being graduated from the high school he taught school for three years, at the same time attending the lectures at the Chicago Medical College. He was graduated from this latter institution in 1868, winning the first prize for his thesis. He then spent a year and a half as house physician in the Cook County Hospital, and from 1869 to 1874 practised his profession in Fond du Lac. Then he moved to Milwaukee, where he remained nearly twenty years. He was appointed surgeon general of the Wisconsin National

Guard, and organized the Association of Military Surgeons of the United States, becoming its first president.

In 1884 Dr. Senn was appointed professor of surgery in the College of Physicians and Surgeons, in Chicago, and in 1887 was elected professor of the principles of surgery and surgical pathology in Rush Medical College, and in 1890 professor of practical and clinical surgery. After 1891 he made his home in Chicago. He was surgeon general of the Illinois National Guard on the staffs of several successive Governors.

When the Spanish-American war broke out Dr. Senn offered his services to the government. He abandoned his practice for active work in the field at Chattanooga, Tenn.; at Santiago, Cuba; at Ponce, P. R., and at Montauk Point, Long Island. Many of the successful steps taken to maintain the health of the soldiers were taken at his instance. He was made chief surgeon of the 6th Army Corps, with the rank of lieutenant colonel of volunteers, and chief of the operating staff with the army in the field.

In September, 1898, after peace had been assured Dr. Senn resumed his professional work in Chicago. He was a delegate to the International Medical Congress at Berlin in 1890, at Moscow in 1897 and at Madrid in 1903. Besides his connection with Rush Medical College, he was professor of surgery at the Chicago Polyclinic, attending surgeon of the Presbyterian Hospital and surgeon in charge of St. Joseph's Hospital.

Dr. Senn wrote a number of books of great value to the medical world, among them "Surgical Bacteriology," "Principles of Surgery," "Experimental Surgery," "Practical Surgery for the General Practitioner," "Tuberculosis of the Bones and Joints," "Surgical Notes on the Spanish-American War," "The Pathology and Treatment of Tumors," and "Around the World via India—A Medical Tour." His private library was regarded as perhaps the finest of its kind in the country. In 1869 he married Miss Aurelia Muehlhauser, of La Crosse, Wis., who survives him.

DR. CLARA E. BOWEN, of Buffalo, died at the German Hospital, December 28, 1907, aged 47 years. She graduated from the medical department, University of Buffalo, with the class of 1892. She began practice soon afterward and for many years had lived at 1223 Lovejoy Street, where she had a large clientele. A surgical operation was found necessary at the hospital which proved unavailing and she died soon afterward. Funeral services, conducted by the Rev. L. A. Wright, pastor of the Lovejoy Street Methodist Episcopal Church, were held at her home Monday, December 30. The remains were transported to Keene, N. H., for burial.

DR. GEORGE H. BRIGGS died at Albert Lea, Minn., December 12, 1907, from heart disease aged 80 years. He graduated from the medical department of the University of Buffalo in 1852; served as surgeon of the 8th Wisconsin volunteer infantry during the Civil War; from 1857 to 1859 was superintendent of schools at Delevan, Wis.; and for several years was physician to the Wisconsin Institute for the Deaf and Dumb.

DR. EDWARD P. DOHERTY, of Dorchester, N. B., died October 3, 1907, aged 46 years. He graduated from the medical department of the University of Buffalo in 1884, and for six years served as surgeon of the Maritime Penitentiary at Dorchester.

DR. AHIRA R. WHITE died at his home in Indianapolis, December 24, 1907, aged 65 years. He graduated from the medical department of the University of Buffalo in 1866.

DR. M. J. McELHANEY, of Greenville, Pa., died at his home January 6, 1908, of pneumonia as a sequel of influenza, aged 69 years. He graduated from the medical department, University of Buffalo with the class of 1870.

SOCIETY MEETINGS.

THE Fifth Pan-American Medical Congress will be held in Guatemala, Central America, August 5, 6, 7, 8, 9, and 10, 1908. The International executive committee consists of Dr. Charles A. L. Reed, president; Dr. A. Vander Veer, vice president; and Dr. Ramon Guiteras, secretary, together with 29 members mostly from South American countries. The president of the congress is Dr. Juan J. Orteaga, Guatemala, and the secretary general is Dr. Jose Azurdia, Guatemala.

The committee in its preliminary announcement says: it must not be thought that Guatemala is an undesirable place to visit in August and that it will be very hot and the rain constant. August is the time of the year called the cunicula, when, although hot there is but very little rain. The heat of Guatemala does not however compare with the heat of our own states, as it is situated on a plateau which is comparatively cool. The trip down from New Orleans or from New York by steamer to Porto Barrios is an agreeable one. The trip to the Congress and back will be in the hands of the Chairman of the Transportation Committee. Excursion trips can also be made in connection with this Congress to Mexico or the various West Indian Islands. The ex-

cursions will be in the hands of Thomas Cook & Co., or any one who chooses to organise one. There will be no charge for transportation in the Republic of Guatemala.

Members and prospective members of the congress from North America including the Dominion of Canada, who propose to attend or read papers, should communicate with Dr. Ramon Guiteras, Secretary of the International Executive Committee, 75 West 55th Street, New York.

THE third annual meeting of the Ohio Association of Medical Teachers was held in the afternoon and evening of December 27, 1907, and was the most successful in the history of the organisation. About seventy-five members were present besides a number of visitors, among them the presidents of several literary colleges of the state. The entire program was carried out with two exceptions. Interest in the organisation has increased and its members feel that much good has been accomplished.

THE Southern Surgical and Gynecological Association held its twentieth annual meeting at New Orleans, December 17, 18, and 19, 1907, under the presidency of Dr. Howard A. Kelly, of Baltimore. The three days were filled in the reading of papers and their discussions on interesting subjects, relating to gynecology and surgery. Officers were elected for the ensuing year as follows: president, F. W. Parham, New Orleans; vice presidents, Willis F. Westmoreland, Atlanta, and Henry D. Fry, Washington; secretary, William D. Haggard, Nashville, re-elected; treasurer, Stuart McGuire, Richmond. Saint Louis was chosen as the next place of meeting and John Young Brown of that city was appointed chairman of the committee of arrangements.

THE Medical Society of the State of New York is holding its one hundred and second annual meeting at Albany, while these pages are going through the press, under the presidency of Dr. Frederic C. Curtis, of that city. A large and interesting program is being disposed of and a full attendance is registered.

THE Buffalo Academy of Medicine held meetings during January as follows:

Section on Surgery.—Tuesday evening, January 7. Program:

- (a) A discussion of practical cystoscopy, with presentation of cystoscopes, examining catheterising and operative, Bransford Lewis, St. Louis; (b) Exhibition of lantern

slides of skin and genitourinary diseases. David E. Wheeler.

Section on Medicine.—Tuesday evening, January 14. Program: Curative value of rest in children with chronic loss of appetite, Irving M. Snow.

Section on Pathology.—Tuesday evening, January 21. Program: Report of a case of Lymphatic Leukemia, A. E. Woehner; Dr. Almuth Wright's laboratory and the practical application of his opsonic methods, W. Harry Glenny; Blood cultures, Charles A. Bentz.

The discussion was led by Edward J. Meyers.

THE Western Surgical and Gynecological Association held its seventeenth annual meeting at Saint Louis, December 30, and 31, 1907, at which time the following-named officers were elected for the ensuing year: president, W. W. Grant, Denver; vice presidents, Willard Bartlett, Saint Louis, and Harry A. Sifton, Milwaukee; secretary and treasurer, Arthur T. Mann, Minneapolis. The next meeting will be held at Minneapolis, December 30, and 31, 1908.

THE Syracuse Academy of Medicine held its annual meeting January 7, 1908. Dr. A. B. Miller, retiring president, delivered an address and Dr. F. C. Curtis, of Albany, president of the Medical Society of the State of New York, read a paper by invitation, entitled, "Smallpox and diseases confounded with it."

THE Elmira Academy of Medicine held its annual meeting Wednesday, January 8, 1908. The retiring president, Dr. H. W. Fudge, delivered the annual address and papers were read as follows: "The present status of opinion concerning the etiology of tuberculosis," by C. W. M. Brown; "Some considerations of systemic infection through diseased tonsils," by G. M. Case.

THE Rochester Academy of Medicine held its annual meeting January 24, 1908, at which the usual order of business was disposed of, including the election of officers.

COLLEGE AND HOSPITAL NOTES.

THE students of the University of Pennsylvania Medical School have formed an organisation the purpose of which is to acquaint the undergraduates with the workings of the American Medical

Association, after which it is very closely modeled. The various student societies take the place of the state organisations and elect members to a House of Delegates which transacts all the business of the association. An annual meeting is held at which papers are read by chosen members thus encouraging original research and a scientific spirit. The organisation is named The Undergraduate Medical Association of the University of Pennsylvania and already has over two hundred and fifty members.

THE combination of the Louisville College of Medicine and the Hospital College of Medicine went into effect January 1, 1908, the new institution being designated as the Louisville and Hospital Medical College, Medical Department of the Central University of Kentucky. Dr. Lewis S. McMurtry is president of the new institution, Dr. C. W. Kelly is dean of the faculty, and Dr. W. F. Boggess is associate dean.

BOOKS AND AUTHORS.

Diseases of the Stomach. By **Dr. I. Boas**, Berlin, Germany. Authorised English-American Edition by **Albert Bernheim**, M.D. Illustrated with five full-page plates and sixty-five engravings in the text. 730 royal octavo pages. Philadelphia: F. A. Davis Company. (Cloth \$5.50; half morocco, \$7.00.)

This author has been recognised for some years as an expert in gastro-enteric diseases; indeed, scarcely a treatise or monograph relating to this branch of medicine fails to quote Boas upon some technical or doubtful point. He is an acknowledged authority upon diseases of the stomach and speaks from the chair upon most questions of doubtful or disputed issue. An essential reason for conceding this high position to Boas, is because his writings are clear and concise statements of his own opinion, resulting from his own experience and frequently developed from his own research work. He never hesitates, but speaks like the master which he admittedly is.

American physicians will welcome this translation which has been made so admirably by Dr. Bernheim. It places within easy reach of the general practitioner who may not read German, a classic treatise that he can ill afford to do without.

The importance of a knowledge of diseases of the stomach has increased in direct ratio to the changes in our civilisation, and these have been so rapid in the last thirty years as to make us draw heavily on our energising apparatus. As a consequence, stomachal digestion has been taxed beyond its capacity in many instances. Breakdowns often begin at the stomach, though manifesting their effects elsewhere. The physician must be prepared to read the signs aright in the beginning; he must learn

to diagnosticate correctly. This treatise will be of vast assistance to him in this respect, for Boas is first of all a diagnostician, and his directions relating to the examination of the patient, including the chemical examinations, the examination of the gastric contents, the urine, and the blood, comprise one-third of the book. Nothing could be more complete in its detail than this section and it should be studied with care by those who treat these diseases.

Under general therapeutics Boas first takes up the question of diet which he deals with in detail. No doubt many persons are finical regarding their food; on the other hand, it is important to know which articles of diet disagree with certain stomachs, hence a careful study of the effect of each article ingested on the offended stomach must be made. Valuable directions are given for such investigations. Lavage is another method thoroughly handled. No doubt this valuable aid is often abused, but this author teaches how to use it conservatively.

Several chapters are devoted to the consideration of special diagnostics and therapeutics which are full of interest, round ulcer and cancer being specially well handled. The book contains sixty-five illustrations in the text and five full-page plates. The engravings might be increased in number with advantage. An index of subjects and another of authors closes this most instructive as well as interesting treatise.

Textbook of Obstetrics. By J. Whitridge Williams, Professor of Obstetrics in Johns Hopkins University. Second Edition. Octavo, pp. 978. Illustrated. New York and London: D. Appleton and Company. 1908. (Cloth, \$6.00.)

The first edition of this work was so well received by the profession that 17,500 copies were sold. We recall the delight of the JOURNAL when that book came to it, and we are even more pleased to receive this new copy, because of its freshness, and its enlarged condition, several new chapters having been added. These relate to the metabolism of normal pregnancy, vaginal Cesarean section, pubiotomy, and contractions of the pelvic outlet. The chapters on the development of the ovum, and upon the toxemias of pregnancy have been rewritten, and the entire book has been revised. It, therefore, has been reset and printed from new plates making this practically a new work.

Williams presents a thoroughly practical treatise founded upon a large experience as an obstetric teacher and clinician. We wish every teacher and author, for example, would give as exact a description as he does of Credé's method of delivering the placenta. This scientific bit of mechanism, correctly done, has saved thousands of lives; but it is astonishing how carelessly it is taught and how awkwardly it is described by the larger proportion of candidates for state license. Just so, too, with Credé's method of preventing ophthalmia neonatorum, as has been pointed out by F. Park Lewis, of Buffalo. Even Williams

does not complete his description of the latter method, for he fails to mention that Crede drops the silver solution in the eyes from a glass rod $\frac{1}{8}$ of an inch in diameter,—a very important part of the technic. If this method is adopted it will be impossible to do harm to the eyes.

The puerperium is well handled by Williams; so, too, are the infections. Operative obstetrics is an important field well dealt with; and, indeed, it is difficult to mention except to praise any portion of the treatise. We could wish diphthongs had been eliminated, and that labor had been spelled without the "u". This, of course, may be called pedagogic, but in these days simplicity is important.

The book is profusely illustrated with the better kind of engravings and is, all things considered, one of the best works on obstetrics of modern times.

The Diagnosis and Treatment of Diseases of Women, by Harry Sturgeon Crossen, M.D., Clinical Professor of Gynecology in Washington University; Gynecologist to Washington University and Chief of the Gynecological Clinic. Octavo, pp. 813. With 700 illustrations. Saint Louis: C. V. Mosby Medical Book and Publishing Company. 1907.

The literature of gynecology, already somewhat amply supplied as to quantity, is greatly enriched in quality by the publication of this work. It should be noted at the outset that its field is limited to the diagnosis and treatment of diseases of women. It is not concerned, except indirectly, with questions of etiology, pathology, or of major operative technic,—so the author states in his preface. This gives a wider opportunity for the consideration of those topics that have the greater interest for the general practitioner who must needs deal, more or less, with gynecological patients. It is he for whom the book is intended in particular and it is he who should make haste to obtain it for he will find it an invaluable guide to the work he is called upon to do.

It is not to be inferred from this that such a practitioner is not to familiarise himself with conditions requiring major operations for their relief, for this is by no means the case, the teachings of this book being quite to the contrary. It instructs as to the symptomatology of such conditions and of the kind of surgical intervention required; it is, indeed, to all intents and purposes a gynecological treatise of the first order with special presentation of questions relating to diagnosis and treatment.

Crossen presents a most complete and painstaking account of methods of examination of the patient in his first chapter, which comprises 117 pages. It is a surprising example of thoroughness and deserves unstinted praise for its perfection. Singularly enough this chapter contains 117 illustrations,—an average of one picture for each page of text. In the chapter on gynecologic diagnosis, too, there is marked precision of method. This chapter

comprises 185 pages and contains 331 illustrations. We regard these two chapters as the most important portion of the book. In the third chapter various forms of treatment are described, considerable space being given to the tampon and pessary. Several cuts illustrative of the introduction of the pessary are given, but the simplest and best method of introducing this instrument is with the patient in the knee-chest posture, it being thus devoid of pain and capable of perfect adjustment.

The next chapter considers diseases of the external genitals and vagina, and gives points in anatomy. The fifth chapter deals with lacerations and fistulæ, the sixth with diseases of the uterus, the seventh with displacements of the uterus, the eighth with non-malignant tumors of the uterus, the ninth with malignant disease of the uterus, the tenth with pelvic inflammation, the eleventh with other affections of the Fallopian tubes, pelvic peritoneum and connective tissue, the twelfth with tumors of the ovary and parovarium, the thirteenth with malformations, the fourteenth with disturbances of function, the fifteenth with invasion of the peritoneal cavity, the sixteenth with the after-treatment in operative cases, and the seventeenth with medico-legal points in gynecology.

An appendix follows containing many useful formulæ for both local and general use, and an index concludes this valuable book. Among the final chapters we desire to commend in particular the one dealing with the invasion of the peritoneal cavity. Many of the details given are not found in textbooks. Of the seven hundred illustrations which the book contains two hundred and twenty and more are original, showing the author's own methods. It is one of the more important books of the year 1907, and gives evidence of skilful and painstaking effort on the part of the author.

A Textbook of Practical Diagnosis. By **Hobart Amory Hare, M.D.**, Professor of Therapeutics in the Jefferson Medical College of Philadelphia. Sixth edition. Octavo, 616 pages, with 203 engravings and 16 full-page plates. Lea Brothers & Co., Philadelphia and New York, 1907. (Cloth, \$4.50; leather, \$5.50, net prices.)

Diagnosis at the present day consists of a combination both of clinical examination and laboratory investigation. The physical examination including history and analysis of symptoms, is as important now as ever, notwithstanding the strides recently made by laboratory methods in the investigation of disease. Hare combines the two when necessary, but very properly places the clinical facts first. In the presence of the patient, whether in the consulting room or at the bedside, the physician should be able to elicit the most important information from the symptoms presented; the blood and urine may be appealed to when indicated as they always are by intelligent practitioners.

Hare states his position in a nutshell when, in his preface,

he says "this book is written upon the only plan that can be followed in practice—namely, the up-building of a diagnosis by grouping the symptoms." This sixth edition has been considerably enlarged and is a companion to the author's textbook of practical therapeutics which appears in its twelfth edition simultaneously with this book. Also, it may be noted that Hare's treatise on the practice of medicine has passed recently to its second edition. These three books, together constitute a remarkable triad and give to a physician some of the best literature extant relating to the diagnosis and treatment of disease.

A Treatise on Fractures and Dislocations. By **Lewis A. Stimson**, B.A., M.D., Professor of Surgery in Cornell University Medical College, New York. Fifth edition. Octavo, 847 pages, with 352 engravings and 52 plates. Lea Brothers & Co., Philadelphia and New York, 1907. (Cloth, \$5.00, leather, \$6.00, half morocco, \$6.50, net prices.)

This standard treatise, by an author recognised everywhere for his learning and surgical skill, will be welcomed by all surgeons in its fifth edition. Stimson is well fitted to deal with these topics—fractures and dislocations,—being a methodical man himself; and none other can effectively treat these injuries. A mechanical eye and a deft hand is here needed, if ever, and this author has both, which he is capable, too, of using to the best advantage.

Moreover, these are emergency traumatismis which make sudden demand on the resources of the surgeon and Stimson has impressed this fact throughout his book. Most persons, especially those of the uneducated class, expect perfect results in case of fractured bones, and usually blame the surgeon if these conditions are not obtained. It is better to inform such persons at once that no surgeon can restore the parts to the perfection that nature established. If, however, the teachings of this book are followed, most bone and joint injuries will be sufficiently restored to their original state for all practical purposes. This will be the case with the fractures of long bones in particular.

Whatever additional knowledge the x-rays have afforded in the study of fractures, especially in the diagnosis of old fractured joints, has been made use of in this treatise. The illustrations are numerous and excellent in quality. We may add, in conclusion, that the entire treatise represents the modern treatment of the injuries with which it deals.

A Textbook of Clinical Anatomy. By **Daniel N. Eisendrath**, A.B., M.D., Adjunct Professor of Surgery in the Medical Department of the University of Illinois. Octavo, pp. 535. Illustrated. Second edition. Philadelphia and London: W. B. Saunders Company. (Price, \$5.00.)

Though anatomy is an old subject, yet it is presented in this work on new lines of study. Four years ago when it was first issued no similar anatomical studies had been presented in a

single treatise. It teaches surface and topographic anatomy in a manner not found in any other work, and it applies anatomic landmarks to the clinical exposition of medical and surgical disease. It is a book nearly as necessary for the physician as for the surgeon. It is as important, also, for the advanced student to become familiar with its teachings as for the practitioner to know the methods of diagnosis.

One of the important functions of this work is to refresh the memory of the general practitioner in regard to anatomy. It is better for this purpose than a general descriptive anatomy, being less loaded with details and clearer and more concise in describing regional anatomy. Again, it encourages the study of anatomy on the living subject,—the anatomy of life,—which is clinical anatomy in fact as well as in name.

For these, as well as for many other reasons not necessary to name, we regard this one of the most important works on anatomy yet issued,—an anatomy for the advanced student, for the general practitioner, for the specialist, and for the surgeon.

Practical Fever Nursing. By **Edward C. Register**, M.D., Professor of the Practice of Medicine in the North Carolina Medical College. Octavo, pp. 352. Illustrated. Philadelphia and London: 1907. W. B. Saunders Co. (Price, \$2.50.)

This book appears to be half treatise on practice and half on nursing. It is too small for one and not quite large enough for both. Nevertheless, it contains much that is useful and may receive the attention of physicians who, themselves, may be uninstructed as to the duties a nurse should perform for a fever patient. The advanced nurse, or the nurse who has not had adequate hospital training may gain valuable information by a study of the book. The literature relating to nursing is becoming somewhat voluminous, and we doubt the expediency of further adding to the burden of the already overtaxed nurse, by asking her to obtain books that are not absolutely necessary.

American Edition of Nothnagel's Practice. Diseases of the Intestines and Peritoneum. Second edition. Edited by **Alfred Stengel**, M.D., Philadelphia. Philadelphia and London: W. B. Saunders Co. (Price, cloth, \$5.00; sheep or half morocco, \$6.50.)

It is an agreeable reflection on the desire of the American medical profession for good literature, that a new edition of Professor Nothnagel's practice should be required so soon, it being less than four years since the first edition was published. It is gratifying, too, to observe that this second edition is put forth under the same auspices as the first,—the same editors and publishers being responsible for this issue.

A remarkable fact relating to this work is that it should require more than one thousand pages of standard octavo text to deal with diseases of the intestines and peritoneum,—more pages of text, indeed, than an entire treatise on the theory and practice of medicine required fifty years ago. This indicates the

progress making in perfecting the diagnosis and treatment of diseases in general as well as those in particular with which this work deals.

The English editor, Dr. Rolleston, has made many additions and some alterations of the arrangement since the edition of 1904 was published. The text, however, of the author remains the same, the additions being included in brackets. Those who failed to obtain the first edition of the American translation will have an opportunity now to possess themselves of this great work with the latest annotations and references, making it strictly a modern treatise in every respect.

Diseases of the Rectum. Their Consequences and Nonsurgical Treatment. By **W. C. Brinkerhoff**, M.D. 12 mo., pp. 207. Chicago: Orban Publishing Co. (Price, \$2.00.)

Whatever this book may lack in scientific research it makes up in an endeavor to become controversial in its nature. The author advocates the injection treatment for hemorrhoids; he gives useless conversation with patients; talks about the Brinkerhoff injection system of treatment for hemorrhoids as though it were something novel, and ends his book with a tirade against state examinations. If this book has any scientific value or professional interest we should be glad to have them pointed out.

Manual of the Diseases of the Eye. By **Charles H. May**, M.D., Instructor in Ophthalmology, College of Physicians and Surgeons, New York. Fifth edition. 12 mo, pp. 391. Illustrated. New York: William Wood & Co. (Price, \$2.00.)

It is a little over two years since the fourth edition of this excellent manual was issued. In that time some advances have been made in relation to diseases of the eye, which May has incorporated in this revision, every page of which has been carefully examined with this end in view. The illustrations have been changed somewhat, but the book remains the same in size and remains now, as it always has been, one of the better of the small eye manuals.

The Operating Room and the Patient. By **Russell S. Fowler**, M.D., Professor of Surgery, Brooklyn Post-Graduate Medical School. Second edition. Octavo, 284 pages. Illustrated. Philadelphia and London: W. B. Saunders Company, 1907. (Cloth, \$2.00 net.)

The appearance of this book two years ago was gratifying to surgeons and especially, perhaps, to those interested in the practice of surgery, though themselves not distinctly specialists in surgery. To have a manual at hand giving full instructions for the preparation of patient and operating room is most opportune. Important interlocutory questions also are dealt with in this volume, such as the administration of the anesthetic, the after-treatment, lists of various instruments and appliances used

in different operations, and so forth, which increases its value. In this edition are chapters on general considerations of after-treatment, wound complications and the like, thus adding to its usefulness as a guide to the young surgeon and operators assistant. Nurses, too, will find the book of value in the preparation of patients for the surgeon's work. It is a book that should find its way easily to the table of everyone interested in surgical work.

BOOKS RECEIVED.

Transactions of the Fifth Annual Conference of State and Territorial Health Officers, with the United States Public Health and Marine Hospital Service. Held at Washington, D. C., May 29, 1907. Washington: Government Printing Office.

The Practical Medicine Series of Year Books. Ten volumes. Issued under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology in the Chicago Post-Graduate Medical School. Vol. X. Nervous and Mental Diseases. Series 1907. Chicago: The Year Book Publishers. (Price, \$1.25, entire series, \$10.00.)

Cosmetic Surgery. The correction of featural imperfections. By Charles C. Miller, M.D. 136 pages. 73 illustrations. Published by the Author, 70 State St., Chicago, Ill. (Cloth, \$1.50.)

Diseases of the Nose and Throat. By D. Braden Kyle, M.D., Professor of Laryngology and Rhinology, Jefferson Medical College, Philadelphia. Fourth Edition. Octavo, 725 pages, with 215 illustrations, 28 in colors. Philadelphia and London: W. B. Saunders Company, 1907. (Cloth, \$4.00; half morocco, \$5.50 net prices.)

Atlas and Textbook of Human Anatomy. Volume III. By Professor J. Sobotta, of Wurzburg. Edited, with additions, by J. Playfair McMurrich, A.M., Ph.D., Professor of Anatomy at the University of Michigan, Ann Arbor. Quarto, 342 pages, containing 297 illustrations, mostly in colors. Philadelphia and London: W. B. Saunders Company. 1907. (Cloth, \$6.00; half morocco, \$7.00, net prices.)

A Textbook of Minor Surgery. By Edward Milton Foote, A.M., M.D., Instructor in Surgery in the College of Physicians and Surgeons (Columbia University) New York. Octavo, pp. 778. Illustrated by 407 engravings from original drawings and photographs. New York and London: D. Appleton and Company. 1908. (Cloth, \$5.)

Gonorrhea, its Diagnosis and Treatment. By Frederick Baumann, Ph.D., M.D., Professor of Genitourinary Diseases in the Reliance Medical College, Chicago. 12 mo, pp. 218. Illustrated. New York and London: D. Appleton and Company. 1908. (Cloth, \$1.50.)

Transactions of the twenty-third annual meeting of the Oregon State Medical Association held at Seaside, Ore., July 12, and 13, 1907. L. H. Hamilton, M.D., Secretary.

The Medical and Surgical Knowledge of William Shakspeare. With Explanatory Notes. By John W. Wainwright, M.D. Octavo, pp. 78. New York: Published by the author. 1907.

Essentials of Modern Electrotherapeutics. An Elementary Text-book on the Scientific Therapeutic Use of Electricity and Radiant

Energy. By Frederick Finch Strong, M.D. Instructor in Electrotherapeutics at Tufts College Medical School, Boston. New York: Rebman Company. (Price, \$1.00).

LITERARY NOTES.

THE *Columbus Medical Journal*, published in the capitol city of Ohio, loses from its editorial chair Dr. James U. Barnhill, who has conducted the journal for the past nine years. His successor will be fortunate if he continues for the journal the same ethical status and importance that it maintained under Dr. Barnhill's administration.

THE *Fort Wayne Medical Journal-Magazine*, which has been in existence for twenty-five years, ceased publication with its December, 1907, issue. We shall miss the Journal-Magazine from our exchange files as we had learned to regard it as one of the best of its class. Its corps of editors were sterling men, who enjoyed the confidence and respect of their confreres.

THE Journal of the Indiana State Medical Association has made its appearance as a handsome quarto, well dressed and looks as if it might be equal to the responsibilities it assumes. The editor is Dr. Albert E. Bulson and the assistant editor is Dr. Benjamin P. Weaver. The journal is published at Fort Wayne.

THE *Albany Medical Annals* in its issue for January, 1908, publishes thirteen articles by the officers of the Bender Hygienic Laboratory, comprising one hundred and sixty pages. Some of the articles are illustrated and all are of scientific value. It is called the Bender Laboratory number.

THE National Hospital Record, heretofore a standard octavo monthly, has changed to a twice-a-month journal, and, also, has changed its form to,—what shall we call it,—a royal imperial octavo, perhaps; at all events it is too ill-shapen for filing or binding. It is a pity such a useful publication should appear in such an unwieldy form.

ITEMS.

THE State Civil Service Commission will hold examinations February 15, 1908, for among others the following positions: Chemist, Department of Agriculture, \$1,200.00; Keeper, Erie County Penitentiary or Jail, \$780.00 to \$840.00; Orderly, Erie County Hospital, \$540.00 and maintenance; Physician, State

Hospitals, \$900.00 and maintenance; Trained Nurse. State Institutions, \$420.00 to \$600.00 and maintenance.

The last day for filing applications for these examinations is February 8th. Full information and application forms may be obtained by addressing Charles S. Fowler, Chief Examiner, Albany.

EXAMINATION FOR PHYSICIAN (MALE) PANAMA CANAL.—The United States Civil Service Commission announces an examination on February 19-20, 1908, at Buffalo, to secure eligibles from which to make certification to fill vacancies as they may occur in the position of physician, at \$150.00 per month, in the Panama Canal Service. It is probable that about fifteen appointments will be made, this estimate being based upon the number of appointments made during the past year.

The examination will consist of the subjects mentioned below, weighted as indicated: (1) Letter-writing, 5; (2) anatomy, 5; (3) therapeutics, 5; (4) physical diagnosis (including questions relating to tropical diseases), 25; 5 general pathology and practice (including questions relating to tropical diseases), 25; (6) bacteriology and hygiene, 5; (7) obstetrics and gynecology, 5; (8) practical experience, 25. Total, 100.

Applicants must indicate in their applications that they are citizens of the United States, graduates of recognised medical schools, and have had at least one year's experience as interne in a general hospital. Persons lacking the above qualifications will not be admitted to the examination.

The element of experience will be rated upon the statements made in application, Form 1312, and special credit will be given to physicians who show that they have been for more than a year members of the house staff of large metropolitan hospitals. Men only will be admitted to this examination. Age limit, 20 to 45 years on the date of the examination.

Applicants should at once apply either to the United States Civil Service Commission, Washington, D. C., or to the secretary of the board of examiners at any place mentioned in the list printed hereon, for application Form 1312. The medical certificate in form 1312 must be filled in by a reputable practising physician other than the applicant. No application will be accepted unless properly executed and filed with the Commission at Washington prior to the hour of closing business on February 10, 1908. In applying for this examination the exact title as given at the head of this announcement should be used in the application.

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The Present Status of Physiologic Therapy in Medical and Surgical Practice

By S. H. MONELL, M. D., New York

PHYSICAL remedies as distinguished from drug remedies have no very clear place in the mental picture of the average prescriber, yet the modern practitioner is rightly expected to use all means at his command which will benefit his patient. Hence the writer is prompted to assume the task of briefly summing up the essentials required for a clinical understanding of the subject.

The aid of the underlying *vis medicatrix naturae*—the energies in nature acting upon the physiological functions of the body,—is accepted by the physician and surgeon and utilised. As they exist in diffused forms these natural energies constitute the primary physiologic therapy at our command. Modify them by scientific appliances and intensify their active dosage by artificial means, and we obtain therapeutic intensities of the same *vis medicatrix naturae*. The machinist, inventor, and engineer, has done for these agents what the chemist has done for crude drugs in extracting alkaloids, and so forth. In both cases we are given instruments of greater precision and efficiency.

The investigations of physicists and clinicians have given most exact development to the world's knowledge of those chief groups classified as hydrotherapy, mechanotherapy, electrotherapy, phototherapy, and the actions of radiant and conducted heat. They have become an integral part of the materia medica, and conform to the same therapeutic principles of prescribing.

A modern equipment of physical remedies has two centuries of growth behind it, has been elaborated through the researches of many of the ablest men in medical history, and is the third arm of the profession. It has been difficult to select a satisfactory classifying name for this arm as a whole, and the term physiologic has crept into common usage. It is intended to signify that these agents exert their beneficial actions in harmony

with the natural functions of the body, and tend to regulate them to normal when they deviate from it. By proper direction of dosage and administration, they are able to coöperate with the powers of nature inherent in the living tissues, and to increase or modify the actions which are necessary to restore the sound state of health. Within well understood limits and made to conform to well understood indications, the purpose in prescribing one of these agents is to make it do exactly the thing that nature would strive to do, to drive the disease out of the body.

Now, nature does not say, "try electricity on this person," or, "give this man a Scotch douche," or, "give that patient sparks," or, "give this woman a course of baths," or, "give that child vibration," yet in this way nearly all medical writings treat the matter of "physiologic" prescribing, and physicians talk methods instead of actions to meet indications. The subject is therefore confused and the clinical picture blurred in the medical mind. Methods cannot be prescribed for pathological states. Dosage is as requisite in a douche, a high frequency current, the application of light rays, a radiant heat bath or static spark, as it is in administering digitalis to energise the heart or a laxative to unload the bowels. The first thought of the physician after he selects his drug is the dose: the dose is the last thought of nearly all who employ a physiological remedy. Yet it is the controlling factor in all of them. Neglect of it makes abuse of the agent and explains complaints of failure.

Another common error is the custom of connecting together a given apparatus and a list of diseases which it is said to "be good for." This confuses the therapeutic principles and creates a fictitious viewpoint. The correct principle is to connect the remedy with the actions which it can be made to set up in the tissues, and in the mental picture of prescribing give these actions our first thought. In a given case select the actions needed, select the means of setting them up in the tissues, and direct these means,—the apparatus and methods,—so as to produce the prescribed effects. When this procedure is well carried out, we have rational physiologic therapy. When it is not carried out, we have abuses instead of therapeutics. The true basis therefore of prescribing "physiologic" agents is a physiologic action, or more than one, indicated by the pathologic state of the case. These actions are so different from the character of drug actions, that the diagnostic viewpoint must be different also. To the ordinary nosological diagnosis must be added a therapeutic diagnosis.

Take, for instance, an early case in which the practitioner halts between two opinions,—gout or chronic rheumatism. If

it is gout his diet and medication will be one thing; if rheumatism, quite another. The importance of correct determination is obvious. This relates to drugs. But with physical remedies, we need solely to ascertain the character of the departure of the tissues from normal. If there is an inflammation, we note its extent and stage and decide what corrective action is indicated to allay it. If irritation exists, we consider what action upon the tissues will remove it. If a part is congested, we aim to regulate the circulation to normal. If there is pain, we ask what alteration of the tissues causes it, and what action upon the tissues will remove the cause. To combat the faulty metabolism, we aim to promote nutritional completeness by regulating the functions. No attempt is made to prescribe a physical agent for either gout or rheumatism, for physiologic remedies act on the state of the affected tissues. They thus support and supplement the chemical action of drugs, the two arms of medicine,—the internal and external,—making the treatment complete.

Again, take a case of suspicious signs in the chest. It does not readily clear up. There is no sputum with bacilli to confirm a nosological diagnosis. The internist here meets difficulties which often pave the way to regret. But the aid of the second arm of medicine is decisive. The prescription is based on the therapeutic diagnosis, the actual clinical indications of the tissues. Possibly some may find it difficult to forego the accustomed mental attitude of the internal prescriber, sufficiently to at once grasp the simple and equally rational attitude of the prescriber of physiologic remedies, but in practice both clinical pictures are equally clear to the student of both arms of medicine. No man objects to his left hand because he makes most use of his right, and in practice we employ the internal and external arms of medicines in perfect harmony, to assist the recuperative powers of nature.

And now, for a moment, let us study the simplicity and beautiful accuracy of this rational prescribing of agents, which we can direct with almost an approach to the definiteness of a surgical procedure. We are all aware of the long list of diseases discussed in standard textbooks, many of them being self-limited or curable. Admitting the inherent effort of nature to cure all really curable diseases herself, and knowing that she often succeeds, how does she do it? Not by reason of many antidotes for many diseases, but by trying to restore the normal rate of altered functions of affected tissues, for under ordinary conditions health is the proper working of a few physiological processes; mainly a half dozen. When the efforts of nature, or medical efforts joined to hers, succeed, the state of health is resumed, no matter what the disease may have been called.

Whether the condition can be restored to normal or not will depend upon the energy of the cause which disturbs the balance of the physiologic processes, but whether the cause is a germ, a chemical agent, or traumatism, the principles of physiologic action are the same. If the attack of the given enemy is too strong for nature to resist, the patient will succumb unless we help her. In bestowing this aid so far as it can be afforded by physical agencies, the main actions that are required in the treatment of disease and post-operative conditions are briefly as follows:

An increase or decrease of the blood supply of a part of the body—the part affected.

An increase or decrease in the rate or energy of the heart or regulation of its action.

An increase or decrease in the processes of secretory cells.

An increase or decrease in excretory processes.

An increase or decrease in the rate or extent of the oxidation of food.

An increase or decrease in the contractile function of muscle fibers.

Regulation of the nerve centers to normal action.

And so on to the end of the physiological necessities of life and health.

These are the things that are behind the majority of the symptoms and sufferings of chronic diseases. In the treatment of such cases, in both curable and incurable diseases, the patient will feel well in proportion to the completeness with which the functional processes of the body can be restored to normal, even when the disease is organic. Physiologic therapy has attained its high place in modern medicine solely for the reason that by means of competent apparatus and proper methods of dosing the amount, rate, force, quality, extent and character of the selected agents, the physician can make these intensified energies of nature increase, decrease, or otherwise modify, each and every physiological process that is within the reach of human skill and influence.

For instance, by one means of local action we can increase the supply of good blood in a part and improve its nutrition by thus feeding it. By opposite means we can lessen the blood supply of local tissues and thus reduce congestion and abate pain. By one method we can produce gentle or energetic contractions of muscle fibers and thus stimulate them to greater strength; by another method we can reduce irregular and spasmodic contractions and thus relieve cramp and nervous irritation. By one method we can increase the amount of secretion of a gland and

stimulate it when it falls below normal; by another method we can lessen secretion when it is excessive, as we dry up a fluent coryza or effectually banish hay fever.

In far reaching importance the function of muscle contraction is almost coextensive with life; it does the work of the heart, it carries on the arterial circulation directly and the venous circulation indirectly; it performs the mechanics of respiration; it is the origin of every move we make; it is the sustaining factor in nutrition and strength and is vital to living tissues. And the only means by which the physician can set up tonic, energising, refreshing, nutrition-promoting contractions in any muscle apart from reflex action or volition is through the aid of the greatest of all physical agents—namely, electricity. Were no other medical work possible with electricity this command over the function of muscle contraction would alone make it indispensable.

Furthermore, consider the great variety of patients who need local or general elimination of toxic products of one kind or another. Very exact laboratory tests have proved the efficiency of the modern sweat bath of radiant heat, to which the human tissues are practically porous. To a physical agent—light—we are indebted for the most useful supplement to other depurative measures that we possess. The importance of its elimination by the skin is sufficiently great, but it also increases the subsequent elimination through the excretory internal organs, acting at the same time as an alterative tonic.

This fragmentary list of actions may not at first prompt the surgeon to realise in how many conditions both before and after operation he can obtain aid from these agents. At first reading not every physician will be able to see just how these actions fit into his treatment of gout, rheumatism, diabetes; of cardiac, renal, pulmonary and nervous affections; of debilities, of lessened tissue resistance, and of practically almost the whole range of chronic illhealth, especially in those conditions in which the limitations of internal medicine leave much to be desired.

In a recent article Dr. J. E. Winters quotes Dr. Andrew H. Smith as saying that since the introduction of salicylic acid, he experienced no difficulty in getting his patients about three-fourths well. If some one would tell him how to cure the remaining fourth of their diseases he would be greatly obliged. The way to "cure the remaining fourth of their disease" is most likely to be found in physiologic therapy. Its resources will at least complete the chain of treatment and secure all the improvement that is medically possible.

This sufficiently indicates the present status of this branch of

medicine. Further evidence of advance is to be found in the increased attention paid by manufacturers to the improvement of apparatus, and in the increasing recognition of these agencies by the profession. No well-equipped hospital or sanitarium would now try to get along without some selection from their resources. The main deterrent to widespread use in private practice in the treatment of chronic diseases is primarily the cost, space required, and need of technical skill, rather than any longer dispute of their place in therapeutics. Some of these impediments will be modified by still further inventions and the third arm of the practitioner will be deemed as indispensable by the profession as the older and better taught procedures. Neither the surgeon nor physician will consent to deprive his patients of the help of these external allies after experience has demonstrated their value.

230 WEST ONE HUNDRED AND SEVENTH STREET.

Feeding in Tuberculosis

By JAMES R. L. DALY, M. D., New York

IN tuberculosis, as in other diseases characterised by wasting of tissues, the question of feeding is recognised to be second in importance only to the relief of pain and discomfort, and then in such cases alone in which the urgency of the symptoms requires prompt action on the part of the physician for their amelioration. The very nature of the tubercular process,—that of destruction of vital structures,—supplies the indication for the employment of such measures as will assist nature in repairing, as far as possible, the waste of tissues caused by the specific microörganism. The literature on feeding in tuberculosis is voluminous enough to satisfy the most voracious medical book-worm, but there seems to be much that is useless for practical purposes, because of its ultrascientific character. In deciding as to the availability of a food in a certain diseased condition, it is of more importance to know whether it will be readily digested and be of substantial benefit to the patient, than to be able to cite how many heat units are consumed in the process of assimilation. Results should be noted in the improvement the patient derives from the ingestion of the food, and not determined merely by calorimetric estimates.

In a large percentage of cases of tuberculosis the stomach remains retentive, and the patient can partake of the same class of edibles as if in a healthy state, and without distress. It is, however, in the presence of certain disturbances that we are

frequently taxed to find a suitable food which while fulfilling the requirements of a good nutrient, will not increase the existing symptoms or retard their cure. It is then that we may have to resort to artificial nutrition to replace the more substantial but available aliments. Of the artificial food products those of a nitrogenous nature are particularly selected, because if there is to be any repair of structure damaged by disease, dependence must be placed upon the albumins. Few of the liquid preparations on the market contain a large percentage of albumins, most of them being strongly alcoholic and highly flavored beverages. Moreover, one great objection to their use lies in the sameness of taste, so that if taken for any length of time the patient rebels, and often the suggestion of the food becomes repugnant to him. In cases in which there is a tendency to diarrhea, as in tubercular ulceration of the intestines, these foods are no better digested than ordinary nourishment, and thus fail in the very purpose for which they were intended.

Milk is much frowned upon at the present time as a food for the sick, particularly in cases of intestinal disturbances. Too large an amount of it must be given to be of service for alimentation owing to the frequent nausea and vomiting to which it gives rise. While heretofore milk has been generally advised in such diseases as typhoid and tuberculosis, it is often forbidden now because if not properly digested it may act as a culture medium for the growth of bacteria. This being so, it is obvious that our old ideas of keeping a patient suffering from diarrhea on an exclusive milk diet will have to be revised. While milk contains a sufficient amount of nutriment if absorbed, there is always the possibility that absorption will not take place, that the milk will remain in the intestines undigested, and thus increase the severity of the symptoms of indigestion already present. Under these circumstances medication, aside from the use of such evacuants as act on the lower bowel, is of little avail. The course to pursue is to change the diet to some food which, while supplying the requisite amount of nourishment, will be readily absorbed by the intestines and which will not serve as a source of disturbance to the digestive functions.

In looking about for a concentrated food in asthenic cases in which diarrhea was a prominent symptom, I became interested in lacto-somatose. The point that particularly appealed to me was the slight astringency of the preparation, due to the presence of a small percentage of tannic acid in firm chemical combination with the albumoses, of which it consists. These albumoses hold an intermediary position between the albumins and peptones, and physiological investigations have shown that

food proteids are largely absorbed in this form without undergoing complete peptonisation. Its astringency, I think, contributes to its more rapid absorption in diarrheal affections, and I have never found it to irritate even in cases in which milk in small amounts caused disturbances. Another valuable feature is that it can be taken in different media, according to the individual desire of the patient, and as it has practically no taste of its own, there is no such repugnance as with the variously flavored artificial foods which soon excite aversion.

After a good deal of experience with lacto-somatose it has become a favorite, and in many instances the only food which I employ in intestinal disturbances, and the following cases will serve to illustrate its efficacy in these conditions.

CASE I.—E. B., aged 42 years, male, single, had never been ill before except for attacks of cold contracted at different times during the past two years. He complained of inability to partake of ordinary foods, because of diarrhea following their ingestion. He had tried various fluid preparations, but had to discontinue their use because of the troublesome sameness of diet. I placed him on a strict hygienic schedule as to exercise in breathing and walking, ventilation of sleeping-room, and so forth. For food, lacto-somatose was added to a light diet. After a period of two weeks he was able to digest heavier foods, and at present he is able to follow his occupation of driver, and shows no evidence of any intestinal disturbance.

CASE II.—L. F., aged 22 years, female, single, complained of progressive loss of flesh and strength for a year, and periodic attacks of diarrhea, which later became chronic. Physical examination revealed a chronic tubercular process in scattered areas in both lungs. When I first saw the woman she was in an advanced stage of the disease, and she was kept alive for four months with lacto-somatose alone, given in a small quantity of milk, just sufficient to dissolve the preparation. After three weeks of this food in conjunction with rectal injections of tannic acid solution, the diarrhea ceased, but the patient was so reduced in vitality that she succumbed to the disease. It speaks well for the efficiency of the food that she could survive as long as she did, considering the extent of the tubercular process.

CASE III.—C. K., aged 30 years, male, married, gave a history of loss of appetite; cough in morning and evening; afternoon fever, nightsweats and occasional slight attacks of hemoptysis. Physical examination showed consolidation of the upper lobe of the left lung. This young man was sent to a sanatorium close by New York City, where he developed frequent attacks of serous diarrhea. At my request the house-physician placed him on a light diet with the addition of lacto-somatose, and on every occasion when this was used the diarrhea was relieved

and the patient eventually was discharged, the disease process having been completely arrested. This case was one which required for treatment simply rest in some locality away from the city, together with the proper regulation of diet. The man is of good habits, and there is every chance that he will have no further exacerbations of the disease.

CASE IV.—F. C., female, aged 42 years, married, had been suffering from attacks of intestinal indigestion for four years. She had tried most of the liquid food preparations and had been unable to continue their use because of the failure of the stomach and intestines to perform their functions, the food being passed out practically unchanged in the stools during the attack of diarrhea which would result after a few days of its use. Appropriate medication seemed to avail little until she was put on a diet of lacto-somatose. This seemed to agree with her thoroughly for she was not only enabled to retain the food and absorb it, but gained in weight and strength. She is now living in the mountains and a recent report from her attending physician states that she is not suffering from any symptoms of tuberculosis, and that the process is apparently checked, her lungs being perfectly clear of all physical signs of disease, except that of flatness over the areas previously affected, no doubt due to the formation of fibroid rings around the sites of the old lesions. This woman benefited from the use of the proper nourishment in that she was able to gain sufficient strength and vital power to be removed to a higher altitude in the country, something which was impossible earlier because of her extreme weakness.

CASE V.—C. H., laborer, aged 38 years, single, was in the advanced stage of tuberculosis, complicated with severe diarrhea, having ten to twenty stools per day before he sought treatment. His stomach was unretentive, probably due to alcoholic excesses. He was placed on a diet consisting of lacto-somatose in different media, such as beef broth, bouillon, and so forth, the fluid in just sufficient quantity to dissolve the lacto-somatose. The attacks of diarrhea ceased after ten days' treatment, and the patient, in spite of the advanced condition of the disease, did not lose ground, but rather thrived on this form of alimentation for a period of three months, after which he was removed to the home of a relative some distance from this city. Unfortunately, I was unable to follow the case or to learn anything as to the outcome.

CASE VI.—B. K., male, 38 years old, clerk, suffered from severe intestinal indigestion. After eating a serous diarrhea set in, the stools numbering ten to fifteen a day. He was unable to obtain any sort of nourishment which would be absorbed, most of the food passing through the bowel unchanged. When he came under my care I immediately placed him on a diet exclusively of lacto-somatose, and was gratified to find that this was just the variety of food necessary for one in his condition. Under the changed conditions of feeding the diarrhea gradually

lessened until it was finally completely arrested. This was one of those cases in which no treatment was necessary other than proper regulation of diet. In fact, any attempt at checking the diarrhea would prove futile as long as the food partaken of was not of a nature to be readily assimilated.

These cases are but typical of the action of lacto-somatose in conditions in which diarrhea or nausea was the prominent symptom, and prevented the use of other nutriment. Its advantages in the presence of these symptoms are so marked as to make it preferable to any other method of feeding, and it should be used in every case in which intestinal disturbances are present. It is not only more readily absorbed than any other food I have employed, but its astringent effect, due to the presence of tannic acid, imparts to it a decided value in the treatment of diarrheal conditions.

850 E. ONE HUNDRED AND SIXTY-THIRD STREET.

Lipoma Arborescens of the Knee Joint

By ROLAND O. MEISENBACH, M. D., Buffalo, N. Y.

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LIPOMA arborescens of the knee joint is a chronic disease, manifested by an overgrowth of lipomatous tissue on the synovial membrane. It may also exist in a lesser degree in the tendon sheaths near the joint and when occurring in the latter, gives rise to somewhat milder subjective symptoms than when occurring in the joint proper.

Clinical Pathology.—On examination of the knee it will be found that its entire surface is large and that the anatomical landmarks are usually obliterated. Both of the quadriceps pouches are enlarged and, upon palpation, a boggy mass may be felt; this is also frequently noted on the internal and external borders of the patella. Palpation elicits no pain or tenderness. Joint motion may or may not be restricted, this depending upon the location and severity of the growths.

Gross Pathology.—The gross pathology usually shows that the capsule and synovial membrane are overspread by masses of fusiform lipomata which project into the joint. These may occur singly or in clumps and may invest the entire joint cavity. The membrane itself is generally found to be in a fatty state, hanging loosely into the joint. It is sometimes difficult to distinguish the capsule from the surrounding soft parts, all being in a state of fatty degeneration which yields readily to the knife.

The lipomata hang loosely within the joint and are often seen to be attached to the articulations of the femur or tibia and even

to have worked their way and attached themselves to the crucial ligaments. When this is the case, the lining membrane is continually dragged into the interarticular spaces whence subjective symptoms are noted. Upon active motion these adhesions are frequently broken up only to have new ones form at the same or another place. The upper border of the articular cartilage of the femur is a frequent place for these adhesions to form and, when found here, the capsule is anchored and its action limited.

Lipoma arborescens may be complicated by other chronic conditions of the joint such as osteo-arthritis, in which there may be spicules of bone or cartilage projecting from the articular surface, thus giving new points of attachment for the projecting growth. The latter condition was noted in one of the recent cases operated upon by me.

Micropathology.—Micropathology shows that the synovial structures are infiltrated by a mass of fatty globules; that fatty degeneration of the normal capsule exists and that, in the parts of the capsule surrounding these outgrowths of lipomata, there is a scarcity of bloodvessels, the adventitia of which also show fatty changes.

Diagnosis.—*Lipoma arborescence* of the knee joint usually occurs in patients who have taken on considerable weight. In women it is often noted about the age at which one would expect the menopause and may be associated with fatty degeneration of the heart and other organs. When occurring in individuals who have increased their weight within a comparatively short time, it exists generally as a local process, affecting one or both knees. When both knees are affected, the subjective symptoms may be much more pronounced in one than in the other; when this is the case the existing conditions in the knee least affected may easily be overlooked, but by closely questioning the patient, it will be found that at some time or another, the other knee has given trouble.

In the early stage and in the milder form, the patient complains of a dull ache in the knees without any definite localisation of the ache, but complains that the "cords" in the back of the knee (the hamstrings tendons and sheaths) are tired. Walking up stairs gives rise to slight pain at different times but this may not be constant. The pains may be referred or local, either of which may be severe and persist for a number of weeks and often disappear entirely for many months only to exacerbate at some future time in a severer form.

In this early stage of the affliction, the case may easily be mistaken for some of the other chronic conditions which, although they may be present, are not the causative factors of the symp-

toms, such as the so-called rheumatism and gouty diseases. It will be noted that, after urging the salicylates for over a long period, the symptoms still exist and no permanent relief has been afforded.

In the severer forms, very acute symptoms may be noted, such as sharp nauseating pains coming from a sudden motion, whence the case may simulate a loose semilunar cartilage or an acute attack of villous arthritis and even a hysterical knee. As in these, an acute exacerbation of the chronic condition may occur but, in lipoma arborescens, the pain is not so severe, allowing some use of the joint. The attacks may come on by a sudden mis-step or any sudden wrench of the knee joint or when a sitting posture is assumed quickly; that is, any motion in which the joint is suddenly thrown open.

The x-ray assists in making a diagnosis, more by eliminating than by confirming, although in a few cases the x-ray negative showed the fusiform lipomata very distinctly and it is regretted that they cannot be shown at this time. In order to show soft structures the plates must be so delicate in detail that they do not admit of reproducing in half tone but the lipoma must be demonstrated from the plates themselves.

Treatment.—This consists, essentially, in removing the cause by operative procedure although, by long and tedious immobilisation, the condition can sometimes be helped. The operative and post-operative technic must be well understood. The strictest asepsis must naturally be observed and the danger of entering a lipomatous knee joint must not be overlooked.

I herewith append a few cases of this nature.

CASE I.—A brewer, 53 years of age, sent to me in April, 1907, a heavy built man, who walked with cane. He had always been well until six years ago when he noticed "rheumatism" settling in his right knee. At the onset there was a dull ache in the knee, but this gradually grew into a sharp pain after some months. He was entirely free from all subjective symptoms for weeks at a time but when they recurred, they seemed to return in a severer form. Upon advice, he tried anti-rheumatics, both internally and locally, off and on for some years but received no permanent relief from them. Plaster casts had also been worn with the same result. The knee had gradually been growing larger, the pains, upon walking, becoming so severe that for the last six months the patient was unable to attend to his work and had to use a cane. The physical examination of the knee showed the surface temperature to be normal; both quadriceps pouches and the lower anterior portion of the knee bulging. Knee held in a few degrees of flexion by spasm of the hamstrings. Palpation revealed no fluid in the joint, patella movable; the fulness in the

quadriceps pouches and anterior portion suggested no fluid but rather a spongy mass within the joint, such as is felt in a Charcot joint. No crepitation on passive motion. X-ray in lateral position revealed a light shadow in the anterior portion of the knee joint, about the size of a ten cent piece. This shadow was constant after three plates were taken. The bones and cartilage of the joint were normal.

Operation.—Under ether, incisions, about ten cm. into the joint, were made on the inner and outer border of the patella. Considerable adipose tissue was penetrated before the joint was reached. Inspection showed the synovial membrane to be of a light yellow color and could not be easily distinguished from the surrounding tissue.

Exploration by the finger revealed small tufts of projecting masses over the entire synovial membrane. These tufts were soft and could be removed by the finger, except for a mass in the anterior portion near the alar ligament, which hung into the joint by a pedicle. This was removed by the scissors. After the synovial membrane had been thoroughly freed from all projecting tabs, the incisions were closed.

Three weeks after the operation, the patient could walk without a cane and had right angle flexion of the knee, although some fluid existed in the joint at this time. I did not see the knee again until eight months later, although I received letters from the patient saying that his knee gave him no trouble. On examination at this time, I found the knee normal, with normal motion.

CASE II.—A woman, 40 years old, weight 180 pounds, referred to me in April, 1906, gave the following history: when a girl she was of average weight but grew stout after marriage. Ten years ago, she wrenched her right knee and ever since, she has had sharp pains with local tenderness, chiefly noted while taking exercise or going up stairs. At that time, she consulted a surgeon who advised a leather splint which she wore at intervals. For the last few years she has had some aches in the small of her back. These were dull in character and were felt after standing for a long time. During the last year, her knee would suddenly go from under her and a sharp pain would be felt in the outer part of her right knee, "as if something slipped." These attacks became more frequent, so that within the last few months, she has felt unsafe on her feet for fear of a sudden weakness of the knee joint.

Physical examination showed a large woman, very obese, with heavy hips and pendulous abdomen, unusually large and short thighs, with a marked bi-lateral knock-knee. The knee was so fat that the anatomical landmarks were entirely obliterated and the patella could scarcely be felt, being covered by about four cm. of firm adipose tissue. The anterior-posterior x-ray showed the joint to be in a state of chronic strain. The lateral view showed irregular shadows throughout the joint. A diag-

nosis of joint strain was made at the time, with a question of a loose body in the joint, and an operation was advised.

Operation.—The joint was entered on the internal aspect and explored with the finger. On the external side, near the outer condyle of the femur, a movable body was felt to be lodged in a pocket. On account of the depth of the tissue another incision was made on the outer side of the joint, parallel to the first, and through this a body about three cm. square was removed. Careful examination of the body made it evident that at some previous time it had been attached to the soft parts of the joint and that the continual churning between the articulation had torn it from its pedicle.

The joint was further explored and found to contain many fatty adhesions. The external quadriceps pouch was entirely bound down. Lipomata were seen projecting from all parts of the unattached lining membrane; these were removed and the incision was closed. The convalescence was uneventful. Owing to the existing joint strain, the patient was placed upon plates to prevent any undue strain to the knee. Two years have now elapsed without the slightest return of her former symptoms. The last report received was that she was playing tennis.

CASE III.—A married woman, 39 years of age, a good liver, very stout, weighs about 160 pounds. Has always been well with the exception of eleven years ago, when she turned her right ankle and wrenched her right knee. Since that time, periodically once or twice a year, she has suffered a sudden wrench of the right knee joint,—the last attack occurring four months ago, which was caused by kicking back the train of her skirt with her right foot. Her knee suddenly gave way, she could not walk, and she fell to the floor.

Physical examination of the right knee showed an obesity of the entire structures with a slight rise in surface temperature. Slight ecchymosis noted in region of tubercle of the tibia. No fluid in joint but the entire joint area seemed boggy and the capsule clearly outlined. No tenderness over internal aspect of the knee. X-ray showed nothing of importance. This case was treated by the conservative method, first immobilising the joint, and later by a mechanical device. Operation had been suggested but refused, so there was nothing left to do but to give temporary relief. These attacks will undoubtedly return in the future.

CASE IV.—A woman, 50 years old, single, always well until five years ago, when she contracted rheumatism which affected her knees and back. Operation for gallstones three years ago. Also has a right hernia which is held in place by a bandage. Patient has taken on much weight in the last six years. The pain in the knees was usually of a dull character but at times she would feel a sudden catch in the right knee, which caused her nauseating pain. Gradually she noticed that her knees were growing stiffer and that going up and down stairs gave her con-

stant pain. Has had several acute attacks of pain in the knees which were brought on by taking a high step, such as getting on a car. After resting the knees for a few days, the pain would become less. The last attack occurred six weeks ago, when she was referred to me.

Physical examination.—Well developed and nourished woman, obese, with large flabby abdomen. Cardiac lesion present, skin dry. Knees.—*Left*: surface temperature normal, no crepitation on motion, upper quadriceps pouches somewhat full, patella tendon firm, no tenderness on palpation. *Right*: some fullness in external quadriceps pouch, surface temperature slightly plus, hamstrings tense and in state of spasm, knee held in flexed position. Active and passive motion elicits pain and slight crepitation. Some tenderness in region of the ham strings. X-rays of the right knee show multitudes of small shadows in region of capsular portion of the joint and in region of the hamstrings tendons, the latter being distinctly visible on the plate. The periarticular structures show a mottled appearance suggesting lipomatous degeneration of tissue. The patella shows small spicules of bone projecting from its articular surface. The edges of the condyle appear rough, also present small projecting spicules. Diagnosis: lipoma arborescens and osteo-arthritis.

Operation.—Two incisions were made parallel to the patella directly down to the joint. Through the outer incision, the lining membrane of the joint, plainly visible, hung in loose folds into the articular space. From these folds emanated numerous lipomata, some singly, others grouped together. The capsule was bound down by these lipomata which were adherent to the femur, some of which overlapped the articular cartilage. On the external condyle was noted an exostosis around which were caught folds of lipomatous membrane. Hence, at each motion of the joint, considerable tension must have taken place and a continual irritation kept up. On the articular surface of the patella, close to the edge, spicules of osseous tissue were found.

The operation consisted, essentially, in breaking up the lipomatous adhesions with the finger and removing the projecting lipomata with the scissors. The exostoses were removed with the osteotome. After flushing the joint, the incisions were closed. Three weeks after the operation, the patient was able to walk and climb stairs without limitation to motion and without recurrence of the former symptoms.

140 ALLEN STREET.

"Yes, doctor, one of Harry's eyes seems ever so much stronger than the other. How do you account for that?"

"Knothole in the baseball fence last summer, most likely, madam."—*Harper's Weekly*.

Extracts from a Doctor's Ledger

By B. H. COLEGROVE, Buffalo, N. Y.

THE following matter has recently been gathered from the back part of a ledger kept by the late Dr. Bela H. Colegrove of Sardinia, N. Y., in the years 1847 and 1848. Most of the material in this old ledger was written in the year 1868, when Dr. Colegrove was 71 years of age and after he had been engaged in the practice of medicine some fifty years. To many of the older members of the medical profession who knew Dr. Colegrove personally, as well as to those younger in the ranks, these extracts I trust will prove of interest. They hark back to the pioneer days when horse and saddle-bags were the vogue, and when the physician who essayed a country practice over the rough roads and bridle paths of that period had to be made of heroic fiber in order to succeed. Dr. Colegrove was successful in an eminent degree. As a surgeon he was rated as without a superior in his region, and there are those still living in Western New York who remember his operative work, either in their own behalf or that of friends, with thankful regard. Dr. Colegrove's home was in Sardinia, Erie County, thirty miles south of Buffalo. The following are some of the extracts:

According to the record preserved in my father's family Bible and copied into my own, I was born at Coventry, Rhode Island, April 2, 1797. About the year 1816, I commenced to learn the medical profession in the office of Dr. Thomas Hubbard, of Pomfret, Conn. Dr. Hubbard, at that time, was at the head of the profession in all that region of country, especially as a surgeon. He was one of the noblest specimens of manhood, physically as well as mentally, that I remember ever to have seen. In the later period of his life he received the appointment of professor of surgery in Yale College, at New Haven, where he died somewhere about 1840.

I had as a fellow student in his office, George McClellan, of Thompson, Conn., father of General George B. McClellan, and with him was a member of the medical class in the University of Pennsylvania, at Philadelphia, in the session of 1818-19. I received the degree of doctor of medicine the spring following, from the College of Physicians and Surgeons, in the city of New York. Beside McClellan and myself as students in the office of Dr. Hubbard, at Pomfret, were William Webb, of Windham, Conn., William P. Eaton, of Plainfield, Josiah Rose, of Coventry, Conn., and Francis Colwell, of Smithfield, R. I. Three of these went with McClellan and myself to Philadelphia to lectures, and one of them, having had the same term of study, was examined for a degree, at New York, at the time I was, and rejected. He unfortunately became embarrassed at the commencement of his

examination at the gravity and dignity of such an illustrious board of examiners as David Hosack, Wright Post, Samuel Mitchell, Valentine Mott, John W. Francis and others.

I attended two courses of medical lectures, one at New Haven, 1817-18; one at Philadelphia, 1818-19. The professorships at the former school were filled by the venerable Nathan Smith, surgery; Benjamin Silliman, chemistry; Eli Ives, materia medica and practice; John Knight, anatomy and physiology. At Philadelphia the chairs were filled by Philip Lyng, physiology and surgery; John Lyng Dorsey, anatomy; Nathan Chapman, materia medica; Dr. James, obstetrics and diseases of women; Robert Hare, chemistry; and I think Dr. James Rush was connected in some way with the institution. During the winter Dr. Dorsey died much regretted and highly esteemed by the class which numbered nearly 400.

The old University of Pennsylvania at this period was regarded as the fountain head of American medical literature, though there was a feeling of rivalry between the cities of Philadelphia and New York. The question of a new school, the Jefferson Medical College, began to be agitated in which many of the class participated largely. Of the number was George McClellan, who afterward became a professor in the new school, grew to be a very distinguished surgeon, wrote a book on surgery, but died before he finished it. He left behind a name and fame surpassed by few in the profession. His success was the result of indomitable perseverance and a most happy power to surmount and remove obstacles which would have hopelessly discouraged a more modest and less resolute man. He went to Philadelphia poor, having exhausted his patrimony in his college studies, but found in the city some distant relations of his mother, and threw himself on their patronage, first for a suit of clothes. Soon he succeeded against a half dozen powerful competitors for the place of house physician at the Philadelphia Alms House. This stopped all expense for board, lights, food and servants, living as he did in the family of the steward. As there were nearly 1,000 paupers in the house he had large opportunities to study disease among the living, and an unobstructed chance to practise dissections on the dead. I remember and with pleasure record many acts of personal kindness and courtesy from Mac while we were fellow-students at Philadelphia.

I came to this town, Sardinia, July 3, 1820, at the instance principally of my friends Elihu and Joseph Rice, and Henry Bowen. We had been neighbors in Coventry. Joseph Rice emigrated at the same time and for several days we traveled in company on our journey hither, he with a pair of horses and wagon load of goods and I with a single horse and buggy. The country was very new, the first settlements having been made about 1810, the roads were bad, houses mostly log cabins and the prospect, as I first thought, rather cheerless as a location for a

doctor. The news that a new doctor was expected had spread somewhat extensively, and on the 4th, Independence Day, I had a call or two. My calls multiplied rapidly and within a few years my circle embraced a territory about 40 miles in diameter with occasional trips into Northern Pennsylvania, a distance of seventy-five miles. It required almost herculean strength to meet with anything like decent promptness the incessant demands on professional labor, and for much of the time the use of two or three horses. I had the good fortune to buy a black horse brought from Otsego County by Mr. Horace Rider, called "The Captain," a most extraordinary animal. For speed, capacity for endurance, and uninterrupted health, and intelligence I have never seen his equal. He was besides being my family horse, the companion of my professional travels for about twenty years, and for his fidelity as my servant deserves a better monument than this hasty tribute to his memory. He died on the farm at the advanced age of 30 years after serving as my locomotive for a distance, in the aggregate, of some 150,000 miles. Requiescat in Pace "Captain."

If I acquired any noteworthy distinction in my profession it was mainly, I think, as a surgeon. It was my fortune very soon after I commenced practice here, to treat a few very desperate cases of accident. My first was that of Henry Wetherill, a son of Jared Wetherill, who had his skull badly fractured with loss of substance of the brain; one arm fractured above and below the elbow, and one leg, all by the falling of a tree-trunk. He was brought in senseless. After removing a piece of bone, driven deeply into the substance of the brain, and applying the usual dressing to the wound and the broken limbs, he in a few hours became violently crazy which lasted a week, the injury causing violent inflammation of the brain. I bled him freely and repeatedly. In about a week from the date of his injury he became quiet and rational and, contrary to all expectation, recovered rapidly and lead an active and busy life for 25 or more years, dying of edematous inflammation of a leg, I think. The news of Henry's recovery from the broken head was spread by the gossipers over a large territory, often with exaggerations not disadvantageous to me as a surgeon, and was a first stepping-stone to my advancement.

About the same time an accident befell Colonel Josiah Emery, of Aurora. In sliding down from a hay mow, where he had gone to feed his cattle, very early in the morning, he fell astride the handle of his hay fork which stood nearly perpendicular beside the mow. The weight of his body descending with sufficient velocity forced the handle into his body through the perineum nearly or quite a foot, rupturing his bladder, and on being withdrawn leaving inside the bladder a piece of his pantaloons an inch and a half in diameter. I did not reach his house until evening, some 12 hours after the injury. His case had just

been abandoned by Dr. Chapin, of Buffalo, as necessarily fatal. The wound of the perineum was now so firmly closed by the increasing swelling of the part as to be impervious to an instrument without great pain, and he could void no urine by the urethra. His abdomen had commenced to swell, and against the remonstrance of Dr. Chapin, I passed a catheter into the bladder by the natural passage with the escape of over a quart of bloody urine. He had instant and great relief. By wearing the instrument a week or two and thus keeping the bladder empty, the two edges healed and in the course of some months, the piece of woollen cloth came away, a thread or two at a time, via urethra, and his recovery was happily most perfect. Colonel Emery is now living after a lapse of almost half a century. I think of those fortunate results with many others I might record, memories of early professional life, with much satisfaction.

I think I must have treated during the almost fifty years that I have practised some twenty-five or thirty cases of fractured skull, many of them as bad as was Wetherill's, all but two or three of which recovered. I must have amputated nearly as many arms and legs with nearly the same success. Many of these patients, to be sure, are now dead but not from any cause connected with the operations.

By an imperfect list which I have preserved for a good while, I must have aided professionally at the birth of over 3,400 children, 38 being twins. Among the number was one case (premature) of four living children at one birth. None of these infants had sufficient vitality to live. (Each parent of this remarkable birth was a twin, a fact of some interest to the naturalist and medical philosopher.) I performed the operation of version of the fetus some dozen times, three times in cases of placenta previa with frightful and exhausting hemorrhage. The mothers all survived, but none of the children. The others were cases of malpresentation, or puerperal convulsions before delivery. The turning and artificial delivery seemed to arrest the convulsions in five or six. Several of the women are now living. With two or three others the results were less fortunate. My rule was never to introduce the hand till the os was soft and dilatable as india rubber.

I have been many times embarrassed when called to cases where the terrible mangling of a limb has forced on me prompt decision of the question of primary amputation. I may have erred. Once I should have erred had not the father of a boy, whose knee joint was torn open and the femur and tibia fractured, refused to have the limb amputated. It was 40 years ago. The boy recovered with a stiff knee and I believe is living now.

Perhaps I should record here my experiences with dislocated joints—hip, shoulder and elbow. The obstacles to reduction most frequently met have been powerful antagonistic muscular contractions. Those I was accustomed to overcome in plethoric, muscular subjects by inducing deliquium by bleeding from a

large orifice with the patient in an erect position, preceded by nausea from emetic tartar. By these means I remember to have reduced by my own unaided strength many dislocations that had resisted the combined strength and ingenuity of many physicians for days. Mr. Smith, of Hinsdale, head of humerus in axilla, six men had pulled on it off and on for 24 hours. Deacon Atwater, same place, elbow dislocation. Joseph Oyer, Otto, head of femur in ischiatic notch. Same method.

In my professional and personal intercourse with my medical brethren, I ever aimed to preserve the esprit de corps of the profession. That I sometimes gave offense I fear and now regret it. Some of the warmest and most enduring personal friendships grew up between myself and some of my medical brethren. A nobler man than Dr. Carlos Emmons I never knew. From our respective locations we were necessarily rivals for patronage, yet for forty years not a jealous or unkind thought ever marred our uninterrupted and fraternal exchange of kind offices, and I can never while life lasts cease to remember with the deepest emotion his true, faithful and unfailing support, through evil as well as good report.

I have recently been saved from impending death. My horse took fright and became unmanageable. I was in a carriage and descending a long, steep hill. As soon as the race commenced the velocity became terrific. I was enabled in the emergency to decide on a course, contrary to what I usually regard the safest and always extremely hazardous. I leaped from the flying and doomed vehicle at the only instant of time and at the only point on the way ere it became a complete wreck, at which I could have done so, to all human appearances, without certain destruction. I escaped without serious injury. I have had many such escapes I know, and how many of which I do not know. God only knows. I give very little credit to myself for sagacity or management in such emergencies. In the late one I was as powerless as an infant. I chose to attribute my deliverance to God's providence.

"Fountain of mercy whose all seeing Eye
Pervades the soul and reads what passes there;
Accept my thoughts for thanks, I have no words.
My soul o'er fraught with gratitude and awe
Rejects the aid of language.
Lord, behold my heart."

I have just discharged a patient, Mr. Daniel Andrews, aged 76, with me some weeks to undergo the operation for cataract. He had been blind in one eye twenty years and in the other ten. The operations, two in one eye and one in the other, have been tolerably successful. The old man is almost frantic with joy at again beholding objects and the light of day. On parting he almost choked with emotion and showered his benedictions on

me and the family in great profusion. I thought of Him of Nazareth who by the word (?) of his power would not only restore lost vision but say to the dead Lazarus "come forth" and it was so, and I felt humble.

Experiments on the Application of Suprarenin in Obstetrics

By MAXIMILIAN NEU

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(Provisional Communication)

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ALLOW me, gentlemen, to report briefly on some experiments which I have undertaken as to a rational application of suprarenin to our special work. We are not interested in this connection with the question of suprarenin in local and spinal anesthesia, but simply with the use of the suprarenal extract alone. Before I report the results which I obtained in this field, it is pertinent to preface my remarks with an explanation of the pharmacodynamics of suprarenin.

The active substance of suprarenal extract was first prepared by Takamine under the name of adrenalin. Various investigators (Pauly, Aldrich, von Furth and others), have labored in the direction of determining the chemical formula and Aldrich's formula, empirically determined, has been frequently verified. F. Stolz, has even succeeded very recently in obtaining suprarenin by synthesis. We are therefore actually in a position to make use of an absolutely artificial chemically pure substance, from which possibility manifest advantages must redound. At first I made use of suprarenin Höchst, but had in view the newer substances which had already been placed at my disposal and which pharmacologically were identical with the suprarenal extract supplied from the laboratory of Beyer of Vienna, and Filehne of Breslau, for future introduction into clinical medicine. Suprarenin shows full conformity in its action with adrenalin and has the advantage in stability and cheapness. We are interested here only with the action on the uterus.

The English physiologist E. A. Schæfer some years ago called attention to the action of suprarenal extract in exciting contractions in the pregnant and nonpregnant uterus, and its exquisite hemostyptic properties especially in uterine hemorrhages; these statements, however, attracting no attention. Its introduction into gynecology was very gradual, and chiefly in the combination of suprarenin with local anesthetics; thus B. Müller,

Steinschneider, Cramer, Peters, H. A. Freund. Flatau, for example, reported trial excision of the portis vaginalis, vaginoperineorrhaphy, and especially intrauterine sounding in menorrhagia. A leading domain in obstetrics in which hemostasis is of paramount importance has not yet been opened up. In consideration of the action of suprarenin on the uterus one must therefore wonder the more, as the drug is an almost ideal uterine hemostatic.

How does suprarenin act? Kurdinowski who has occupied himself with thorough experiments on this subject came to the conclusion that the uterine contractions are dependent on the notable vascular contractions set up by suprarenin, and that its action upon the uterus was nonspecific, being only a part of a general contraction of all the arterioles of the body. The question as to so striking an action of suprarenin on the uterus is of vital importance, should the product find rational application in therapeutic doses. E. Kehrer has recently pronounced against this comprehension of suprarenin, basing his opinions on his very interesting and important physiological and pharmacological investigations on the living and surviving internal genitals of animals. A perusal of the records of Kehrer leaves no doubt that the suprarenin acts with as much vigor on the smooth muscle of the uterus, as upon the muscle of the bloodvessels themselves. Our time is insufficient to go further in this connection into other experimental literature on this subject. I will therefore pass on to the results of my own work.

Kehrer was probably the first to adduce exact proofs that suprarenin acts upon the human uterus. He used preparations from a myomatous uterus and from a metritic uterus associated with pyosalpinx. He used dilutions of from 1:400,000 to 1:2 mgms. Slow, energetic spontaneous movements were hastened and regularised. A second dose caused slight increase in tonicity. Here begin my researches. I studied in a series of cases, the sensitiveness of living uterine tissue to the irritation of suprarenin. I applied the drug in minimal doses to the uterine muscle, both in the unchanged uterus in connection with vaginofixation and in uteri the seat of myomatous and metritic alteration in connection with total extirpation. Finally, I made use of uteri which had been removed by laparotomy and placed for a short time in physiological salt solution at body temperature. In this manner I obtained uteri in the most varied anatomical relations and conditions. In one there was a fetus 36 cm. long. Another showed senile involution, and so forth.

All preparations showed in more or less pronounced fashion the phenomena of contraction and vasoconstriction. A particu-

larly noteworthy case must not pass unmentioned. Patient, Mrs. S., age 32, III para. amputation of portis, vaginal fixation, anterior colporrhaphy and colpoperineorrhaphy. Uteromuscular injections of suprarenin (in anterior wall of corpus; fundus, posterior wall) set up such intense contractions that the previously soft uterus, corresponding to that of a multipara, but otherwise unaltered anatomically, became as hard as a stone, and the whole organ made rigid, underwent a regular elevation, at the same time becoming completely white in color. I therefore reached the same conclusions as Kehrer—namely, that the existence of a muscular irritative action of suprarenin upon the uterus cannot be doubted. Self evidently there exists side by side the vasoconstrictor phenomenon which need not surprise us when we bear in mind the action of suprarenal extract. I may therefore express here the following comprehension of the point of attack of suprarenin on the uterus: the poison acts by irritating the uteromuscular plus the vasomuscular components. This being the case we have everything most desirable for a uterine hemostatic. Fr. Pick once set up the conditions for the successful action of a hemostatic as based on experimental studies. The agent must bring about vasoconstriction to such a degree that the simultaneous rise in bloodpressure must be compensated in respect to its influence on the rapidity of outflow. Already there are present suggestive findings in this direction which speak for the fact that the known exquisite action of suprarenin in raising the bloodpressure is not to be feared from the point of view of hemostasis. I, myself, have directed attention to this point. the other component, the uteromuscular action, appears significant in that it can influence the vasoconstrictor only favorably as regards hemostasis.

After these preliminary studies I thought to test these properties of suprarenin in the pregnant human uterus. We know not only that the gravid uterus is highly sensitive to irritation of all kinds, but Kurdinowski's beautiful experiments have taught us that the uterus is irritable to suprarenin, while Kehrer has shown that in animals (cats) the nongravid uterus failing to respond to the action of suprarenin, the same uteri when pregnant give positive results expressed by an increase of toxicity. I was able to confirm Kehrer's findings in the gravid uterus of a dog. Particular advantages may be expected in connection with operations on the gravid uterus. With this in view I made preliminary investigations on pregnant rabbits and dogs, which together justified the theoretical assumptions. Time does not suffice to quote detailed accounts of these experiments. However, the clinical case which follows should prove of interest.

The most important operation which we are in a position to carry out upon the pregnant uterus is Cesarean section. From this point of view, all possibly indicated preliminary investigations were made. The hemorrhage from Cesarean section, since this operation was first performed, is one of the most dreaded complications. That is shown by the number of measures which have been devised for hemostasis. Upon this account distinguished obstetricians have counseled the substitution of the Porro operation. But even the omission of the preventive elastic ligature, and the recently warmly recommended prophylactic injection of ergotin (Olshausen) can protect us from either primary or secondary atonic hemorrhage only with the slightest degree of certainty. Hence the operator cannot reckon upon anything more definite (bearing in mind the experience of evil results) than an "armed peace" in the shape of preparations for extirpating the uterus should hemorrhage require it. Naturally, it will always be difficult to determine when the "peace" must give way to intervention. There is a certain reproach connected with the conditions which demand a hasty resort to this method of hemostasis. I am far removed from taking a position in this very important matter. If one surveys the means at our disposal today for rational hemostasis in Cesarean section, it appears to me that any new attempt to enhance the security of this step cannot but be welcomed.

CASE—On May 26th, 1907, at 3 o'clock A.M., a patient was brought to the clinic who had been in labor for twelve hours; up to four years previous she had been perfectly healthy. She then took sick with pains in the joints which became smaller; was pregnant at the time. The symptoms increased. Late in 1905 admitted to the medical clinic for osteomalacia, and was treated for nine months with phosphorised codliver oil. Five labors, all spontaneous, the last November 21, 1902. Examination of pelvis gave the following measurements: Di. Spin. 27; crist. 29; troch. 28; ext. $17\frac{1}{4}$; tub. isch. $10\frac{1}{2}$; conj. vera, about $5\frac{1}{4}$. Typhoid osteomalacic pelvis. First oblique position.

Upon examination by the resident obstetrician the waters broke. Patient before admission had been examined by a very uncleanly midwife. During clinical observation extremely violent pains were present, without any phenomena of dilatation. My chief ordered further exploration for the purpose of deciding upon the degree of narrowing of the pelvis; and as to the Cesarean section with eventual total extirpation of the uterus, bearing in mind the possibility of infection already under way. Removal of the adnexa was also indicated by reason of the osteomalacia.

At 4:30 P.M. operation. Chloroform narcosis. Transverse fundal Cesarean section and supravaginal amputation (removal

of both adnexa); stumps treated retroperitoneally. Incision 15 cm. long, through the extremely thinned abdominal walls. Uterus rolled out. Suprarenin injected without delay 1:1000 (a hypodermic syringe-ful, was injected in 3 parts in as many places in the anterior wall of the uterus deeper by chance than corresponded to the chosen site of the incision. The uterus straightened up, became hard and pale. Peritoneal coat corresponding to injection zone became wrinkled. Transverse incision made a little below fundus. In making the incision the placental site was encountered, and here occurred the only hemorrhage. For the rest the loss of blood was minimal, although no bloodvessels were clamped. Placenta together with fetus in its envelopes removed. No escape of amniotic fluid. Provisional suture (continuous silk) of uterine incision. No hemorrhage from latter. Uterine wall firm; appeared completely anemic. Typical extirpation of uterus. Divided close above the os (instead of the vagina, the strongly drawn out, thinned segment of the cervix encountered). Supravaginal amputation ring cared for, retroperitoneal position of amputation stump. Smooth healing (first evening 38. 3°C; 6th day, 38°). Patient discharged cured on sixteenth post-operative day.

What may we conclude from this case? By means of minimal doses of suprarenin we are able to throw at once the parturient uterus into violent contractions, the entire organ being seen at the same time to be anemic. Therefore we may perform Cesarean section practically under complete absence of blood.

I conclude as a result of my experience with animal experiments, and the positive reproduction of these results in the human subject, that in suprarenal extract we have a highly efficacious remedy for the gravid uterus, the hemostatic property of which through its duplicity of action,—on the contractile elements of the uterus itself and its bloodvessels,—renders it deserving of consideration for the future bloodless operations on the pregnant and parturient uterus. The aim of my communication is to call attention to these points of superiority and to ask that they be tested by others.

Every-Day Lessons From Every-Day Cases

By CHARLES A. L. REED, M. D., Cincinnati, Ohio

[*Lancet-Clinic*, November 16-30; December 14 28, 1907]

No. 1

"She thought it was her change of life."

LET me present a familiar, an all too familiar, picture: a woman of forty-five or thereabouts enters the consultation-room. She is paler than a woman ought to be, her lips quiver a

little, and a furtive glance of apprehension may be noticed in her eyes.

Her history is taken down—a healthy girl, a timely marriage, several children, natural deliveries, no illness of any sort—in short, a clean bill until about eight months ago. Then, instead of being unwell for a couple of days only, as had been her habit for the last year, she dribbled along for four days, then for a whole week.

Then she spoke about it to her neighbors. "It's only change of life; don't squander money a-goin' to the doctor; jes' take teas; I'll make some fer ye," was the reply from every wise old granny in the village.

One day, in spite of the teas, she had a hemorrhage and passed clots—a lot of them, and big ones, too. Then she did speak to the doctor; in fact, she sent for him.

"Oh, it's just the change of life; I'll fix it; here, take this," was his diagnosis, as he gave her, not an examination, but a wise look, a reassuring smile and some ergot.

Six weeks later she's no better; the ergot has ruined her digestion; she still bleeds, and she's getting weaker. Then she goes to the other doctor. He examines her—the very thing she wanted to have done from the start, only she was too timid to say so, and the first doctor failed in his duty by not suggesting it.

But now the dutiful doctor—the other one—examines her, looks stern and serious, and, possibly, there is a mingled expression of pity and hopelessness on his face. And it is there yet when, the very next day, he walks with his patient into the consultation-room of the surgeon. The patient herself is not only pale and tremulous, but she has an odor about her—a peculiar tell-tale odor.

The diagnosis is made then and there, but the history is taken and the examination is made with a feeling of solemnity. A look, a little nod of the head, and the surgeon has told the faithful attending physician, more eloquently than by words, that his diagnosis is confirmed.

It is cancer of the uterus! What is more, the cervix, soft and cheesy, with a crater in the center of it, occupies the whole vagina and bleeds when it is touched; the body of the uterus is immobile and hard masses are felt above the fornices. Then the finger is withdrawn, followed by a dark, ichorous, bloody, offensive discharge from the vagina. She's a doomed woman!

Who's responsible for having deprived her of the only chance she had, which, of course, was early in the disease? Every ignorant woman, who just knew that she knew all about it and that it "was change of life," and unhesitatingly assumed responsibility

for the treatment of the awful condition, ought to be indicted for some sort of offense—manslaughter, or something as severely punishable at law.

And the first doctor, what of him? Is he not even more culpable? For he certainly ought to have known what his patient's story meant, and he ought to have acted on the knowledge. But this is a bootless inquiry. What is the lesson? Simply this: The "change of life"—the menopause—means, in health, only the decline and disappearance of the menstrual function—nothing more, nothing less. Any deviation from this rule, any hemorrhagic tendency, any capricious recurrence of the flow after it has once ceased, is an object of suspicion and calls for careful examination. In the majority of cases, possibly in nine out of ten, it means cancer. In the remaining cases it means a fibroid or a fungous endometritis or other neoplastic change. In all cases in which the condition is not obvious, microscopic investigation should be made. For in all these cases the time to act is at the earliest practicable moment.

The awful significance of the lesson I have been endeavoring to teach is being forced home on me almost daily, by case after case now on hand, parallel to the one I here cited, contrasted with many cases in which the diagnosis was made early, the operation was done promptly, and who are now well after periods varying from three years to eighteen years.

No. 2

"Just Sour Stomach."

"Why, Doctor, I thought it was just sour stomach," protested the fairly panic-stricken medical attendant when I arrived after a hurried motor ride of twenty and more miles. But let me tell the whole story as I got it.

Some eight or ten years ago a stalwart farmer of forty or thereabouts went to his physician. "Doctor, I've got an awful attack of sour stomach," he said. The diagnosis having been made for the doctor, the doctor evidently did not care to go beyond it.

Then, too, the probabilities were that it was correct. For there is more sour stomach in America than there are other functional disturbances of all the other organs of the human body combined. And generally it's the very simplest thing in the world to get rid of—at least for the time being. A purgative, a little bicarbonate of soda, with a restricted diet for a day or two, and the thing is done.

And so it seemed to be in the case of this good farmer. The

treatment appeared to work, and the patient repeated it on his own responsibility from time to time—an example of the danger of telling your patients what you are giving them, however simple it may be.

But at more or less distant intervals an attack more severe than the preceding ones would send him back to the physician. At such times the sufferer would complain of a boring pain in the right upper quadrant, made worse by eating, and sometimes, an hour or two after meals, he would vomit his food, the emesis coming on suddenly and without premonitory nausea.

Then the doctor would look wise, give him some calomel tablets, and, by way of explanation, say: "Your secretions are perverted; here's something that will alter all that." Or on some other occasion the explanation would be modified: "You're bilious; I'll give you something to act on your liver," was the explanation. And then the patient got the same thing—calomel tablets—only the dose was a little larger, with possibly some alkali.

Several times his gums were tender, and once he had a free flow of saliva following this treatment. Of course, he knew nothing about the reaction of free hydrochloric acid in the gastric juice on the mild chloride of mercury. Nor did he know anything about the constitutional effects of the salt that was thus formed. So the doctor escaped without censure. And thus it went on for year after year, sometimes better, sometimes worse, until one time, after the leaves had fallen and the fodder was in the shock, the good patient, a little better than he had been for some time, went into the field with the boys to shuck some corn. He had been working for an hour or two, proud of his ability to make a full hand by the side of the husky youngsters, when he suddenly felt weak and paused. Then he went on again, shucked an ear or two, when he felt still weaker. Then came a sense of nausea, and he sat down by the side of the next shock.

A minute later his nausea increased and he vomited—yes, vomited, not only his partially digested breakfast, but great quantities of bright red, warm blood. He was too weak to call; for everything was first dim, then dark, and the sounds seemed far away. Then came oblivion.

"Do you know me, father?" were the first words that he heard. As he opened his eyes he saw his eldest son looking eagerly and tenderly into his face. "Where am I?" feebly enquired the stalwart man looking about him, alarmed to feel that he was bereft of his strength. "At home, dear," said the tender wife. "The boys brought you in. Now, now, you musn't talk. We've sent for the doctor; he'll be here soon!"

Then the poor man closed his eyes again; the pallor on his countenance increased; his lips seemed bluer than they were, and his hands were cold and clammy. But he was quiet—so quiet! "I'm sick," he suddenly cried, as he rallied his old-time strength and raised himself on his elbow. His eyes stared and he looked frightened. He emptied his stomach with a convulsive effort. A crimson stain was on the counterpane; the wall was spattered with blood, and so were the carpet and the chairs. The panic-stricken family, as they gathered about the great pool, were dumb with consternation.

The patient sank heavily on his blood-soaked pillow. He breathed quickly, then sighed—and did both while he slept.

The doctor arrived. "My goodness!" he exclaimed, "what's all this mean? The story was told as only such stories can be told at such times—told with great meanings crowded into little words and into looks that flashed their portent before even the little words could be spoken, told while the doctor searched for a pulse that he couldn't find. "We must have consultation; quick to the telephone!" commanded the doctor.

Then he went to work. The pillow was taken away; the foot of the bed was elevated; a messenger was despatched three miles for ice to put to the pit of the stomach; some adrenalin was permitted to trickle down the patient's throat and some was given hypodermatically; the emergency bag that the doctor always carried with him was brought out and a saline infusion was given within five minutes.

"Ah, he's coming!" exclaimed the doctor, as he again felt for the pulse and detected its flickering beats. Then for the next hour everything was done that the doctor could think of to coax the bleeding artery to stop its errant tide. The patient had rallied some and seemed hopefully restless. Then suddenly came another awful pallor, another awful gush, one that seemed to ensanguine everything and everybody. The pallor deepened into ashiness, the wild stare of the eyes became glassy under the drooping lids, the convulsive jaw relaxed, the last flicker of the pulse died away, and again the patient fell back, this time with a gurgle in his throat, to sleep beyond awakening.

Ten minutes later I arrived. When the story—the whole story—had been told to me by the distressed doctor I asked him: "How many attacks in all did he have during the years you had been treating him?" "Oh, probably fifteen or twenty bad ones; he was always grunting." "Did you at any time examine the stomach contents?" "No; I didn't think it was necessary; I thought he just had sour stomach."

"Did you ever wash out his stomach?"

"No; he seemed to get on pretty well on bicarbonate of soda."

"How extensive did you ever find the area of gastric resonance?"

"Why, I don't know's I ever looked for it?"

"Did you ever give him a rest-cure, with milk or cream diet?"

"No; I didn't think it was necessary; he always seemed able to get around; he always had a good appetite and liked 'most everything to eat."

"Then to-day is the first time this patient ever impressed you with the idea that he had an ulcer of the stomach?"

"Yes, I believe it is; once or twice I thought he might have it, but it all passed over."

As I was about to leave, the doctor led me to a more distant part of the dooryard, looked around, then stepped behind a cedar tree and looked again. Then he came a little closer, and speaking in a low, steady, earnest, almost pleading, voice, said:

"Doctor, I wish you'd go in and tell the family that I did everything that could be done."

No. 3

*"Only the ignorant expect it;
Only fools wait for it."*

One winter's morning some twenty years ago I went at the usually early hour of seven o'clock to the late Mr. Lawson Tait's service at Spark Hill.

"What is the first case?" I asked while we were waiting for the anesthetist.

"You shall determine for yourself," was Mr. Tait's rather evasive reply.

Then, silent as the Sphinx, only with a smile on his well-chiselled face, he stood by while I made the examination.

The patient: a woman possibly thirty five, had a fluctuating, smoothly spherical mass, twice the size of a cocoanut, occupying and extending beyond the borders of the lower right quadrant of the abdomen; it retained its distinct contour when the patient was lying down; it could be moved up, down and side-wise, only its arc of mobility was limited; it could be felt through the fornix of the vagina and seemed to displace the uterus to the left; it was not painful on bimanual pressure; it had pushed the intestines upward and to the left. It had been about five months in course of development since it was first observed, then about the size of the patient's fist, but occupying its present locus; its further development had been without any marked or characteristic pain.

"It's a monocyst of the ovary," I exclaimed without a moment's hesitancy; nor was there any note of achievement in my voice, for, really, were not the conditions very obvious?

"It impresses me that way, too!" replied Mr. Tait, adding, somewhat meditatively, "However, we shall see!"

A very few minutes later a few strokes of the knife had made an opening and two fingers were inserted into the peritoneal cavity.

"No, it is not ovarian," observed the operator *sotto voce*. Then he leaned a little over his patient and swept his fingers about while he closed his eyes in an instinctive effort to shut out all visual impressions and concentrate his attention on his tactile sense.

"The next probability," he continued to mutter, "is, of course, the gall-bladder!"

Another ten seconds of exploration and silence and he triumphantly exclaimed:

"Ah, I have it now; it's a large hydronephrosis." The rapidly-executed operation speedily confirmed the diagnosis. "Caused by the angulation of the ureter the result of displacement of the kidney" was the final explanation of the condition.

Then came the next case.

"Now," said Mr. Tait with a chuckle, "you were so successful in your diagnosis of the last case, suppose you try the next one."

I did. A slender young woman with a relaxed abdominal wall had a small tumor about the size of a mandarin orange. It was located just below the navel, and, possibly, a little to one side or the other of the median line, I have forgotten which. It was spherical, readily movable, and painless. It was not connected with the pelvic organs, and there was no functional disturbance to indicate that it was connected with any other organ.

I had, at that time, never either seen, read or heard of anything of the kind, so I frankly said:

"I'll give it up. What is it?"

"I'm sure I don't know any more about it than you do," replied the great surgeon, with equal frankness. "I know," he added, "that it's a growth, a morbid growth of some kind, one that ought not to be there. I have told the patient that if she will let me cut her open, look in and see what it is, I will take it out if I then think it ought to be taken out. So we shall shortly see." And we did.

In less than two minutes Mr. Tait had made an incision and was exploring with two fingers of his left hand. "A chylous cyst of the mesentery," was his simple announcement.

Then came silence, the silence of the Tait operating-room. The little cyst was brought up, emptied by a curved trocar, and dextrously enucleated. The duct was tied off close to the gut, a stitch was put into the peritoneal opening in the mesentery, and—but I didn't start out to tell about the operation at all.

My theme found the next instalment when, the operations for the morning over, I found myself by the side of Mr. Tait in his carriage on our way to the Priory. He had had a hard session in London the night before, and rather naturally pulled his tall hat down over his brows and almost disappeared in the ample recesses of his great fur collar. I thought he was trying to strike an average by stealing forty winks or so, when, suddenly, in half-muffled tones, he said: "Those were interesting cases—the first two."

"Interesting diagnostic studies," I assented, with rather a rueful recollection of my experience.

"Ah, that's just the point!" he exclaimed, as he suddenly emerged from the fur collar, restored his hat to the normal angle, sat upright, and with energy continued:

"It's wonderful how pretentious some people are about their diagnostic skill. You'd think they could look into and through one. It's almost comical to hear them guess and then watch their discomfiture when they open the case. One of your youthful Americans was over here not long since. He was one cock-sure sort of diagnostician. Out of four cases he missed it in three—yet he was cock-sure in all of them. They are cock-sure in London, too!"

There was a tone of irony in this remark, for Mr. Tait didn't like London, or, at least, many of the London surgeons.

"Now look at that kidney case!" he went on. "Every symptom was ovarian; not one pointed to the kidney. Then, too, the law of probability was a hundred to one on the side of the ovary. Then, too, it might have been a gall-bladder or a pelvic abscess—I've seen both in that location with an almost similarly confusing history. Yet, what did we find! And what would your fine cock-sure diagnostician have done with the other case? And suppose his diagnosis had been correctly made—correctly guessed—in both cases, what more indication for or against operation would he then have had than he had at first—what more would he have had before we made the incision?"

At this the vicissitudes of a London night seemed again to assert their consequences, and Mr. Tait again disappeared in his fur collar, from the depths of which, however, after a few minutes, he exclaimed: "I tell you, Reed, there is a lot of rubbish—yes, rubbish and worse—about much of our latter-day pre-

tentiousness on diagnosis. Why, I see patients every day, certainly every week, who have been permitted to develop fatal complications while going from one wiseacre to another to get a hair-splitting diagnosis of conditions, the absolutely surgical character of which was obvious from the very start. Oh, it's tragic!"

"They are probably afraid of a diagnostic incision," I ventured.

"Afraid! Yes and no. 'Yes,' because they don't know, or at least don't realize, that right here in my hands, in the hands of any good surgeon—mind you, *good* surgeon—a mere exploratory incision is followed by no mortality whatever; 'no,' because the majority of them—the medical attendants—do not comprehend the proposition at all. They're still under the spell of the elders; they're still following the old diagnostic method. Think of the damage they are doing with their beatings and pokings and proddings and stabbings. Oh, it disgusts me!" At this Mr. Tait kicked the foot-warmer against the front of the carriage and swore because he hurt his toe.

"When you go back to America," he resumed, after he had regained the thread of his discourse, "preach it—yes, preach it and preach it fearlessly—that an exploratory incision is a legitimate diagnostic measure. Don't mince words. Say even more. Say that in certain cases the man who doesn't have recourse to it, but trifles his patient's chances away while waiting for 'rational' signs to develop, is himself irrational—yes, worse; he is culpable. I am preaching the exploratory incision, and practising it, too, as you saw this morning. I'm doing it right here in England, to the horror of the elders. And here, you know, it's a capital offense to perpetrate a new idea without the previous consent of the elders. But the dictum of the elders to the contrary notwithstanding, exploratory incision is a valuable principle—valuable in general surgery, invaluable in abdominal surgery. Many gastly blunders and no end of suits for malpractice will be saved by its general adoption in both fields. Absolute accuracy of diagnosis in the abdomen is very far from being possible. Only the ignorant expect it; only fools wait for it." Just then we arrived at the Priory.

No. 4

"Wise in his own conceit."

Over in the other part of town—the part where the habitants abided—lived the judge whom and whose family—a wife and two fine, manly boys—we had come to know quite well during

our summer's sojourn. So, when the sun began to drop into the lake a degree or so farther south each night, when the tinge of frost was felt in the Northern air, and we were about ready to start home, we went to make a farewell call. It was just at nightfall, and the judge—an athletic, strong-voiced, masterful man, once center on his college team—met us at the door.

"Come right in," he said in his hearty way. "Excuse my good wife for a little while; she's up stairs nursing one of the boys. And the servants are up there with her," he added, as if to explain why he himself had answered the bell.

"Nothing serious, I hope?"

"Oh, no; nothing. You know how mothers are. If they had their way about it they'd make molly-coddles of all their boys."

This, addressed more to my good wife than to myself, was said in a spirit of intended raillery, but with a reserve note of earnestness that gave to his would-be humor the ring of the counterfeit.

"Why do you think so?" she discreetly replied.

"Well, take this instance: Here's Frank, a strapping boy of fifteen—shall we not sit here in the shadows? Yes, I like it better myself—well, as I was saying, he's a strapping fellow, never been ill a day in his life, positively not a single day. Last Tuesday he was out in the country, and, boy-like, gorged himself with a lot of green apples. That night he had what I fancy all of us have had at one time or another, and probably from the same cause—a case of old-fashioned cramps. His mother was at once alarmed, and if he hadn't been a cool-headed boy she would have alarmed him, too. Of course, she wished to send for a doctor right away. But I put my foot down on that proposition. You see, I don't believe in calling doctors for trivial ailments." This, with a chuckle of good humor that was hardly sufficient to conceal the wire edge of prejudice, was addressed to me.

"Yes," I admitted, "doctors are often cheated out of their rest by unnecessary calls."

"Just so! Besides, I know a thing or two myself about ills and remedies. Most ills are imaginary, and even when they are not imaginary, nature—nature, I say—is their best remedy. Then, too, spirit, pluck, has a lot to do with it!"

The judge's face was wreathed in a smile of self-satisfaction that dissipated the deepening gloom of evening as he mentally reviewed this learned disquisition and paused as if for applause. But before the hand-clapping could begin he continued: "So, when I found Frank inclined to loaf around I made him sit up, even against his mother's protest. That was three or four days

ago. Of course, his mother protested. But yesterday I simply made him get up and go to the baseball game. You see, Frank is fond of baseball, and I knew if he got interested in the game he'd forget to grunt."

I thought I scented a family altercation back of this incident, but I simply asked: "How did it work?"

"Oh, why—pretty well. He complained some, lay down on the benches once, but I soon shamed him out of that. He was a little upset at his stomach on his way home, but after the roasting I had given him he never whimpered. Game, wasn't he?"

"He must have lots of grit," I assented, hoping that there might be an end of the narrative.

"His mother tried to make me believe that he had a chill after he got home, but it was kind o' cool last night, anyhow. Then she said he had fever. This morning I went in to see him before I went to court. His hands and feet were cool, not a bit feverish, and he said he guessed he'd soon be all right. His pain was all gone. But his mother says he's worse in spite of all this, and she's made such a fuss that I have sent for Doctor Hopestock. By the way, do you know him?"

"Yes, very well; a clever practitioner. You can take his advice implicitly," I said as we arose to go, intimating that we might be detaining him from duties upstairs.

"No, no; don't go! I'm not needed at all. Besides, the doctor will be here in a few minutes, and when he is through we can have a nice chat."

While we were gently protesting our host exclaimed: "Ah, there he comes now. Just wait a minute." With this he met the doctor at the door and escorted him upstairs. Five minutes later the judge came down. For the first time his air of self-satisfaction gave way to a look of perturbation. "The doctor wishes you to come up stairs at once, if you will be so kind," he said to me.

The doctor, a man of unusually excellent poise, seemed in a state of alarm as he met us at the head of the stairway. "This is awful!" he said, as he ushered me along.

And there lay Frank, as handsome and manly a looking fellow as I had ever seen. But his nostrils were pinched, his lips were more blue than red, and there was a pallor on his cheeks. His respiration was shallower and more humid than normal. There was a mawkish sweet odor to his breath. His hand, even his wrist, was cool and humid and his pulse beat 140 to the minute. Just then the doctor took his thermometer from under the patient's axilla and found that it registered 105°. The abdomen, bared, was found distended and tympanitic.

"Does it hurt there?" I asked as I gently tapped the lower right quadrant.

"No; that's where all the pain was, but it don't hurt a bit today," replied the lad with panting respiration.

"That's what I told you, Doctor," interrupted the father with some impatience. "He's been better all day! I don't see any sense in all this alarm."

The mother, sitting bowed by the side of her manly boy, exchanged no look with her husband. We—the doctor and myself—retired for the totally unnecessary consultation. Agreement was reached by a glance and a nod. The father was summoned.

"Well," demanded he with some impatience, "what is it?"

"Appendicitis," answered Dr. Hopestock, modestly, almost with bated breath.

"Appendicitis? Nonsense! It's bellyache! You doctors have gone crazy about appendicitis!" roared the apparently irate parent.

"I beg your pardon," I interposed, "but may I correct Dr. Hopestock?"

"Certainly, Dr. Reed, certainly," the judge rather eagerly assented, with a glance of triumph toward his medical attendant. "It's death!"

"What! What do you say?"

"I say it is death—death due to appendicitis!"

"Do you mean to tell me that that boy is going to die?"

"Within the next twenty-four hours!"

The man, wise in his own conceit, still denied and defied. "I would not do my whole duty here," I said, "unless I told you the whole truth. Your son has appendicitis; he had it last Tuesday; he needed this good physician then; he has needed him every minute from that time until within the last few hours; since then it has been unnecessary. You have ignored the just claim of your wife and the ordinary human necessities of your son for relief. Your treatment of him has been not only cruel, but homicidal. Save for the fact that he might have died anyhow, his blood is on your hands." The steel entered.

The proud man trembled—trembled in silence. A rustling noise attracted my attention, and turning I saw the form of the wife and mother swiftly glide from the shadow of the room into the deeper darkness of the hallway. She had heard it all!

After a minute the judge broke the silence. Placing a hand on each of our shoulders, he implored us to do something, and his pleadings only doubled when we explained that an abscess had formed and burst into the peritoneal cavity; that pus had absorbed from it into the circulation; that the patient was already

practically dying from blood poisoning; that the only thing that could be done would be to open the abdomen and wash out the pus, but that even that would avail only as if by a miracle.

"If there's a thousandth part of a chance, for God's sake give it to my boy!"

In very pity the plea was granted. Within but little more than an hour the abdomen had been opened; quantities of pus ran out; the appendix had rotted away; the cavity was flushed with normal salt solution; the patient was given a salt infusion into his veins; he was given nitroglycerine and strychnia and put to bed with heat about him. He rallied from the operation.

But his pulse kept on getting faster and his breathing shallower. At ten the next morning he died.

The father wept. The mother, dry-eyed, clasped her hands and gazed into vacancy.

"Frank! my Frank!" she gently murmured. The next year, when we went back, we learned that she had been taken to the asylum, where, walking the long corridors, she still gazed into vacancy and still gently murmured:

"Frank! my Frank!"

And Dr. Hopstock said in tones of discouragement: "I've had another case since then. I saw it early. An operation was clearly necessary and the conditions were all favorable. The family and patient had agreed to send for a surgeon. Just then our friend, the judge, appeared upon the scene. 'Don't have an operation?' he exclaimed. 'They operated on my boy and he died. I don't believe in operations.' They took his advice as against mine. Of course, the patient died. So I have lost both of my cases."

"Yes," said I, "and one man killed both of them—and that man was not you. They were killed by a man who was wise in his own conceit."

SOCIETY PROCEEDINGS.

Medical Society of the County of Erie, January 13, 1908.

SYNOPSIS FURNISHED BY F. C. GRAM, M.D., Secretary.

THE regular meeting of the Medical Society of the County of Erie was held in the rooms of the Buffalo Society of Natural Sciences on January 13, 1908, at 4.30 P. M., the president, Dr. Albert H. Briggs, in the chair.

After approving the minutes of the October meeting and the meeting of the Council, the following names were presented by

the Committee on Membership, and the secretary was instructed to cast the ballot of the society for their election:

Charles H. Andrews, 588 W. Delavan Avenue, Buffalo.

Christian L. Suess, 75 Central Avenue, Lancaster, N. Y.

Ralph Robinson, 910 Ridge Road, West Seneca, N. Y.

Edwin A. Bowerman, 234 E. Utica Street, Buffalo.

Chas. Williams Bethune, 904 Tonawanda Street, Buffalo.

Lesser Kauffman, 991 William Street, Buffalo.

Eugene O. Bardwell, 1175 Main Street, Buffalo.

Dr. Henry R. Hopkins, Chairman of the Board of Censors, then read a report in which he explained, in detail, the work done by the Board of Censors during the past year, especially so much as related to the cases of W. W. Turver and H. J. Ince, both of whom were convicted, and sentenced to prison, and whose licenses have since been revoked as a result of such conviction and imprisonment.

He also referred to the Board of Censors' action in the case of E. L. Schwabe who was prevented from taking an examination before the State Examining Board, but which action was afterward reversed by the Regents, thereby permitting him to take such examination.

This report elicited a warm discussion by many of the members present. It was finally adopted by a vote of 28 to 8.

DR. WALL asked unanimous consent for the suspension of the by-laws, and moved that the dues for each member during the year 1908 be \$2.00.

Motion was carried.

Dr. Wall also asked unanimous consent to suspend Section 1 of Chapter 15 of the by-laws which was granted. He then moved the following amendment to the by-laws which was unanimously adopted:

Amendment to By-laws:

Chapter IX, Sec. 1. Strike out "from the first of the following January" and add "they shall assume office at the close of the annual meeting."

Chapter XI, Sec. 1. Amend to read "Regular meetings shall be held on the third Monday in the months of February, April, June, October and December, as arranged by the Council.

"The December meeting shall be the Annual Meeting."

Sec. 2. Substitute (5) five for (10) ten.

Chapter XII, Sec. 1. Substitute "May" for "March."

On motion of Dr. Rochester the society instructed its delegates in favor of Dr. Charles G. Stockton for president of the Medical Society of the State of New York.

Dr. A. H. Briggs, the retiring president, then introduced Dr. Edward Clark as the president of the society for 1908.

Dr. Clark, in assuming his duties, briefly thanked the society, after which adjournment followed.

ABSTRACT.

A New Method of Testing the Functions of the Digestive Apparatus.

ENIHOORN (*Therapeutic Gazette*, January, 1908,) submits a method for investigating the functions of the intestinal tract, the principle of which is the administration of test substances with the food and observation of the effects of the digestive fluids upon these substances.

Practically this test is made as follows: patients are given in a gelatin capsule a string of beads with the following substances attached thereto: catgut, fishbone, meat, thymus, potato, mutton fat. After administering the capsule, every stool is examined with the stool sieve until the bead-string has been recovered. If diarrhea is present the sifting may not be necessary, as the bead-string can readily be seen, usually at the bottom of a glass vessel.

Under normal conditions the bead-string appears after one or two days. It is then rinsed in cold water and examined. If digestion is normal we find that catgut, meat, and potato (except the skin) disappear entirely, thymus and fat almost entirely, whereas the fishbone usually disappears, but occasionally it may be present. The nuclei of the thymus always disappear. In pathological conditions deviations from the normal are observed, not only in regard to the time of recovery of the beads (disturbances of motility), but also in regard to the presence of the food substances (disturbances of the digestive function).

The author divides his cases of intestinal digestive disturbance into two groups:

1. Those of pure nervous intestinal dyspepsia. 2. Those of genuine intestinal dyspepsia.

In that great class of cases of intestinal dyspepsia, in which the starch digestion alone is disturbed, taka-diasase (takamine) has proved of especial value.

Brown—There are plenty of books telling how to save life while waiting for the doctor.

Smith—Yes. What we need is one telling the young doctor how to save his life while waiting for the patient.—*London Opinion*.

CORRESPONDENCE

Medical Society of the State of New York

Committee on Experimental Medicine

NEW YORK, January 21, 1908.

EDITOR BUFFALO MEDICAL JOURNAL:

SIR—On April 8, 1907, the president of this society appointed twenty-four members thereof to be a "Committee on Experimental Medicine," in view of proposed legislation calculated to injure the progress of medicine by restricting experimentation.

As agitation in this direction has recently been renewed in a very plausible form, the undersigned have been instructed by the said committee to send you the following copy of a preamble and resolution adopted at a meeting thereof held in New York City, on January 15, 1908, and respectfully to request the publication thereof in the BUFFALO MEDICAL JOURNAL:

WHEREAS, In the State of New York, a petition is being widely circulated among medical men for signature in favor of a proposed bill entitled "An act to prevent cruelty by regulating experiments on living animals"; and

WHEREAS, The said bill contains in its provisions conditions which would probably seriously impair the progress of scientific medicine,

RESOLVED, That the Committee on Experimental Medicine of the Medical Society of the State of New York earnestly requests the members of the medical profession to refrain from signing the aforesaid petition, and urges any who may have signed the same by inadvertence to withdraw their signatures.

The present laws of this State relating to this subject have long proved adequate and satisfactory.

JOSEPH D. BRYANT, Chairman.

JOHN G. CURTIS, Secretary.

Smithsonian Institution—Hodgkins Fund Prize

A Prize of \$1,500 Offered for the Best Treatise on the Relation of Atmospheric Air to Tuberculosis

In October, 1891, Thomas George Hodgkins, Esquire, of Setauket, New York, made a donation to the Smithsonian Institution, the income from a part of which was to be devoted to "the increase and diffusion of more exact knowledge in regard to

the nature and properties of atmospheric air in connection with the welfare of man." In furtherance of the donor's wishes, the Smithsonian Institution has from time to time offered prizes, awarded medals, made grants for investigations, and issued publications.

In connection with the approaching International Congress on Tuberculosis, which will be held in Washington, September 21 to October 12, 1908, a prize of \$1,500 is offered for the best treatise "On the Relation of Atmospheric Air to Tuberculosis." Memoirs having relation to the cause, spread, prevention, or cure of tuberculosis are included within the general terms of the subject.

Any memoir read before the International Congress on Tuberculosis, or sent to the Smithsonian Institution or to the Secretary-General of the Congress before its close, namely, October 12, 1908, will be considered in the competition.

The memoirs may be written in English, French, German, Spanish, or Italian. They should be submitted either in manuscript or typewritten copy, or if in type, printed as manuscript. If written in German, they should be in Latin script. They will be examined and the prize awarded by a Committee appointed by the Secretary of the Smithsonian Institution in conjunction with the officers of the International Congress on Tuberculosis.

Such memoirs must not have been published prior to the Congress. The Smithsonian Institution reserves the right to publish the treatise to which the prize is awarded. No condition as to the length of the treatises is established, it being expected that the practical results of important investigations will be set forth as convincingly and tersely as the subject will permit. The right is reserved to award no prize if in the judgment of the Committee no contribution is offered of sufficient merit to warrant such action.

Memoirs designed for consideration should be addressed to either "The Smithsonian Institution, Washington, District of Columbia, U. S. A.," or to "Dr. John S. Fulton, Secretary-General of the International Congress on Tuberculosis, 714 Colorado Building, Washington, District of Columbia, U. S. A." Further information, if desired by persons intending to become competitors, will be furnished on application.

CHARLES D. WALCOTT,
Secretary of the Smithsonian Institution.

WASHINGTON, D. C.,

February 3, 1908.

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

All communications, whether of a literary or business nature, books for review and exchanges, should be addressed to the editor 238 DELAWARE AVE., BUFFALO, N. Y.

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No. 8

The Antivivisection Bill

ANTIVIVISECTION is becoming a fashionable fad; at least, many fashionable people have joined the ranks of the opponents of physiologic experiments upon animals. Some doctors even have stooped to indorse the antivivisection movement and have been quoted thus in order to lend character to the attack on scientific progress.

A dangerous bill has been presented to the legislature which, under cover of regulating the practice of vivisection, would strike a heavy blow at animal experimentation as carried on in the laboratories.

The Medical Society of the State of New York has appointed a committee on experimental medicine which held a meeting in New York, January 15, 1908, and passed resolutions relating to this subject which are printed elsewhere. It is well understood by most physicians that existing laws relating to the prevention of cruelty to animals adequately safeguard experiments to prevent abuses.

In the issue of this JOURNAL for February we made editorial reference to the fact that a petition was being circulated among physicians indorsing the bill referred to. At this time we would further accentuate what we said on that occasion, and also invite attention to an extract from an editorial in the *Brooklyn Daily Eagle* for January 14, 1908, which presents the subject with great intelligence and fairness. Vice-chancellor McKelway, *inter alia*, wrote:

The medical profession of the state of New York is a civilised body of educated and humane men. The different schools of medical education and practice report candidates for admission to medicine and surgery to the examining board designated by

the regents, and that examining board insists on like qualifications for all intending practitioners. Neither those already in practice, nor those hereafter to become practitioners require any such overseership as the proposed bill suggests, and they do not need to make any medical state official a clearing house, so to speak, to pass upon their vivisectional surgery or their use of anesthetics or any other department of their art.

The *Buffalo Express* in its edition of February 6, 1908, coldly comments on the situation in this manner:

The council of the Medical Society of the County of Erie takes a positive stand in asking physicians and surgeons to withhold their signatures from a petition in favor of a legislative bill "to prevent cruelty by regulating experiments on living animals." The strongest conceivable argument against vivisection is inherent in every human soul. Normal minds recoil from the simple proposition of torturing animals. Yet science has a cold and logical answer for the merciful: It is in the interests of humanity that vivisection is practised at all. It is to be noted, however, that the bill protested against does not absolutely prohibit the experiments, but prevents "cruelty by regulating experiments." A mass-meeting to crystallise and estimate sentiment against vivisection is to be held in New York on February 14th, and some strong and condemning talk may be expected.

It had been our belief, heretofore, that the intelligence of the *Express* would prevent it from falling into the error committed by so many laymen, that lower animals are tortured during experiments made in the interests of science in the laboratories.

It is refreshing in this relation to quote the remarks made by Mrs. Cadwalader Jones, president of the woman's auxiliary of the Society for the Prevention of Cruelty to Animals, at a meeting held at the headquarters of the society February 18, 1908.

Mrs. Jones was careful to explain at the outset that what she was about to say was only her personal opinion and did not in any way represent the auxiliary, which took no stand upon a subject regarding which humane persons were divided. Mrs. Jones began by saying that she had been a lover of animals from her childhood. She had even petted many of the lower orders, and for thirty-five years had never slept without a dog of some kind on her bed. Nevertheless, she believed that vivisection was absolutely necessary. She then went on to say:

"Twenty years ago I saw children in the hospitals choking to death in the agonies of diphtheria," she said. "I saw my only brother die slowly in agony. And no one who has ever seen such things can regret the experiments upon animals that have given us antitoxin. Formerly lacerated wounds of the intestines, made by gunshot and other means, were nearly always fatal.

Now surgeons have learned by experiments on dogs how to operate in such cases. Diseases that could not be studied on animals cost the lives of many thousands of women before physicians learned how best to operate. Now the mortality is small. Vivisection is necessary for the training of physicians. Would you trust yourself to a chauffeur who had never seen a machine in operation?

No amount of dissection after the heart is stilled in death will enable the student to understand the operation of the valves. But valves may be studied in a calf's heart while the animal is under the influence of ether, and it can be killed before it becomes conscious, suffering much less than the animals that are killed for food."

Mrs. Jones added that she had no doubt many cruel experiments were made upon animals, and urged the members if they heard of any such to follow them up, but she was sure they must be comparatively few, since it would take "four men to hold a dog or cat if it were operated upon without anesthetics."

After reading so much dilettanteism displayed by men in discussing this topic, it is refreshing to note that a woman can approach the subject with fairness and present it with forceful and convincing argument. Let us hope the legislature will be influenced by Mrs. Jones and the friends of her inclining.

WINTER sports are all very well when properly conducted, but promiscuous snowballing on the streets of a populous city should be prohibited. Many accidents have already been reported in this city and probably many others have escaped the notice of the authorities.

As a result of a letter sent to Superintendent Emerson, of the education department by Chief of Police Regan, a lecture was read in many of the public schools recently, cautioning the pupils against throwing snowballs. The boys were told to confine their snowballing to their companions, and not to pack the snow. Chief Regan cited numerous accidents that have resulted from snowballing.

We have called attention heretofore to the disorderly conduct of pupils on the streets after dismissal from school and this lawlessness has increased since snowy weather began.

ONLY two months ago we published, under Topics of Public Interest, a statement by Dr. A. H. Doty, health officer of the port of New York, that no danger lurked in soiled banknotes as a medium of infection. Now comes a press dispatch under date of February 19, 1908, announcing that John McD. Hopkirk, of New

York, is dead of malignant scarlatina as the result of handling poisoned money. Mr. Hopkirk was cashier of Mills Hotel No. 2, in which cheap lodgings are given to the poor, and in that capacity handled hundreds of dirty bills from the slums of the city.

ABOUT a month ago a dinner was given at the Buffalo Club at which it was proposed to bring the different institutions of Buffalo of an educational character into coöperation concerning the establishment of a Greater University. Those present were Mayor J. N. Adam, John W. Robinson, president of the Chamber of Commerce; Andrew Langdon, president of the Buffalo Historical Society; Dr. Lee H. Smith, president of the Society of Natural Sciences; Willis O. Chapin, president of the Fine Arts Academy; E. H. Butler, president of the board of trustees of the Grosvenor Library; Thomas T. Ramsdell, president of the Buffalo Public Library; Walter L. Brown, librarian of the Buffalo Public Library; Charles P. Norton, vice-chancellor of the University of Buffalo; R. R. Hefford, Carleton Sprague, William H. Gratwick, John J. McWilliams, the Honorable T. Guilford Smith and H. H. Littell.

It was proposed that the city should purchase a portion of the old Pan-American site which should be added to the park system. Upon this site might be placed the botanical gardens, the new Natural Sciences building, one of the public libraries or a branch of one or both and the University buildings. The idea met with so much favor that Senator Hill was asked to introduce a bill in the legislature authorising the city to bond itself for the purpose of buying the land. Senator Hill has already introduced such a bill which we trust will meet the approval of the legislature.

DR. H. W. WILEY, chief of the bureau of chemistry of the Department of Agriculture, is quoted as saying that the expulsion from the body of such drugs as borax, benzoic acid, benzoate of soda, sulphate of copper, sulphur dioxide, formaldehyde and salicylic acid, when contained in foodstuffs, is performed almost entirely by the kidneys, and that he is satisfied the term of American life would be lengthened if the use of such drugs in foods were wholly discontinued.

In view of the prevalence of kidney disease among Americans it would be well to eliminate every possible source of the cause.

THE French Academy of Sciences, according to a recent cable dispatch, listened sympathetically to an address by Dr. Savary, of

Paris, who warned his hearers against the dangers of rising immediately upon awakening from sleep. He said the strenuous business-man who bolts out of bed to his bathtub the moment he opens his eyes in the morning renders himself liable to a number of ailments, including madness.

It is absolutely necessary, Dr. Savary declared, to rest wakefully in bed for twenty minutes before getting up.

A way of avoiding the headache which usually goes with the consumption of champagne has been found. Many who used to eschew the pleasures of the sparkling wine now drink it without difficulty and without fear of bad results. They have adopted an English custom and drink Apollinaris with the wine. The mineral water contains a little bicarbonate of soda, and this, with its other properties, gives it power to relieve acidity of the stomach.

THE commission of Portuguese residents of Rio Janeiro, according to a recent dispatch, which has been collecting funds for the reception of King Carlos of Portugal, who was to have come here on a visit, this year, has determined to appropriate this money for the erection of a tuberculosis sanitarium to be called after Queen Amelia. The principal infirmaries of the proposed institution will be named after King Carlos and Prince Luiz Philippe.

PERSONAL.

DR. GUSTAV A. HITZEL, of Buffalo, was recently elected president of the German-American Alliance, vice Dr. William Gaertner, whose term has expired and who declined reelection. Dr. Hitzel is a native of Buffalo, a graduate of the University here and has served a term as interne at the Buffalo General Hospital. He has been an active member of the German-American Alliance from the first and it is predicted that the society will make substantial progress under his administration.

DR. JOHN A. WEIDMAN, of Dunkirk, has been reappointed health officer of that village.

DR. RICHARD C. CABOT, of Boston, recently visited Buffalo and addressed the Men's club of Trinity church on the subject of

psychotherapy, the new cult of the Boston Emanuel church. Dr. Charles G. Stockton entertained guests at dinner at the Saturn club Monday evening, February 17, in honor of Dr. Cabot.

MAJOR LOUIS L. SEAMAN, M.D., of New York, who served as a medical officer in the Spanish war, delivered a lecture on Tuesday evening, February 11, 1908, before the Buffalo Historical Society, on Some of the Curses of Colonisation.

CHAMPE S. ANDREWS, Esq., for so long a time counsel of the Medical Society of the County of New York, has resigned that office and A. C. Vandiver has been appointed to succeed Mr. Andrews. Mr. Vandiver has retired from the staff of District Attorney Jerome and has associated himself with former Judge Charles S. Whitman in the general practice of law at 32 Nassau Street, New York.

DR. BENJAMIN A. GIPPLE has been elected a member of the board of trustees of the village of Alden, Erie County, N. Y.

DR. ROBERT TUTTLE MORRIS was elected president of the Medical Association of Greater New York at its last annual meeting. At a stated meeting of the association held February 17, 1908, Dr. Morris delivered an address the subject of which was, Metaplasia of the Appendix Vermiformis and a New Diagnostic Point.

DR. WILLIAM S. ELY, of Rochester, read a paper before the Rochester Academy of Medicine Wednesday, February 19, 1908, entitled, Human Asymmetry.

DR. ROSS G. LOOP was elected president of the Elmira Academy of Medicine at its regular meeting held February 5, 1908.

DR. F. PARK LEWIS, of Buffalo, will address the first International Congress for the Welfare of the Child, to be held under the auspices of the National Mother's Congress, at Washington, March 10-17, 1908. The subject of Dr. Lewis's address is The Prevention of Blindness.

OBITUARY

DR. J. W. PUTNAM, of Lyons, N. Y., died at the New York Central railway station on board a train passing through the city, February 9, 1908. The medical examiner was called and announced that the death was due to apoplexy. Dr. Putnam was

sixty years old and had been a prominent physician in Lyons for many years.

DR. H. P. SHARP, of Arcade, N. Y., died at his home in that village January 29, 1908, aged fifty-five years. Dr. Sharp had been engaged in the practice of his profession at Arcade for about twenty years, removing thence from Varysburg.

DR. HERBERT N. TANNER, formerly of Buffalo, more lately of East Aurora, N. Y., died at the Buffalo General Hospital, January 25, 1908, after a surgical operation, aged 38 years. Dr. Tanner was a graduate of Albany Medical College, 1895.

DR. GEORGE MONROE PROCTOR, of Shalersville, O., died at his home in that village February 3, 1908, aged 69 years. He graduated at the University of Buffalo in 1867.

DR. LEONIDAS H. LAIDLEY, of Saint Louis, died at his home February 5, 1908, from cerebral hemorrhage, aged 64 years. Dr. Laidley graduated at Jefferson Medical College, Philadelphia, in 1868, and at Bellevue Hospital Medical College, New York, in 1872. He was professor of gynecology and pelvic surgery in the Marion-Sims-Beaumont Medical College, Saint Louis, a member of the Missouri State Medical Association of the Saint Louis Medical Society, and medical director of the Louisiana Purchase Exposition in 1904. Dr. Laidley was also a Fellow of the American Association of Obstetricians and Gynecologists.

DR. M. ELIZABETH SCHUGENS, late of Buffalo, whose death was noticed in this JOURNAL for February, was a member of the Physicians' League, which organisation at its last meeting adopted the following memorial:

At the regular monthly meeting of the Physicians' League, of Buffalo held January 27, 1908, the following resolutions were adopted:

WHEREAS, God in His mercy has seen fit to take unto himself our beloved and esteemed member, M. Elizabeth Schugens, and,

WHEREAS, In her untimely death our League has lost a valued friend and faithful member. Therefore, be it

Resolved, That we ever keep before us the high ideal and example of her noble life, and be it further

Resolved, That these resolutions be spread upon the records of our meeting and that copies of the same be sent to the bereaved family and the BUFFALO MEDICAL JOURNAL.

IDA C. BENDER,
JANE W. CARROLL,

MARIE S. WOLCOTT,
AMELIA EARLE TRANT,
Committee.

SOCIETY MEETINGS.

THE Buffalo Academy of Medicine held meetings during January and February as follows:

Section on Obstetrics and Gynecology.—Tuesday evening, January 28. Program: Enteroptosis, illustrated by stereopticon slides, J. G. Clark, Professor of Gynecology in the University of Pennsylvania. Discussion led by Matthew D. Mann. Management of pregnancy and some of its disorders, Earl P. Lathrop.

A Stated Meeting of the Academy was held Tuesday evening, February 4. The Program of the evening was furnished by the Section on Surgery, as follows: (a) The treatment of acute prostatitis and allied complications of gonorrhea, Edward L. Keyes, Jr., New York; (b) Inguinal hernia in females. Operative report of cases, Vertner Kenerson.

Section on Medicine.—Tuesday evening, February 11. Program: Proteid Poisons, Victor C. Vaughan, Ann Arbor, Mich.

Owing to the sudden illness of Dr. Vaughan, no meeting was held on Tuesday, February 11.

Section on Pathology.—Tuesday evening, February 18. Program: (a) Some observations on the sphenoidal sinus, with presentation of specimens, James A. Gibson; (b) Demonstration of a new method of determining urinary acidity, A. L. Benedict.

Section on Obstetrics and Gynecology.—Tuesday evening, February 25. Program: (a) Preparation of patient, Earl P. Lothrop; (b) Danger of operating in acute septic pelvic conditions, Sigmund Goldberg.

THE Medical Society of the State of New York at its 102d annual meeting held at Albany, N. Y., January 27-29, 1908, elected the following named officers for the ensuing year: president, Edward L. Trudeau; vice-presidents, A. G. Root, John Wheeler, and M. C. Hawley; secretary, Wisner R. Townsend; treasurer, Alexander Lambert; chairman of the Scientific Committee, George H. Neuman; chairman of the Committee on Public Health, J. L. Heffron; chairman of the Committee on Legislation, F. Van Fleet; chairman of the Committee of Arrangements, W. J. Nellis; delegates to the American Medical Association, for one year, R. F. Weir, and Charles Jewett; for two years, W. R.

Townsend, D. C. Moriarta, E. B. Angell, J. C. Bierwith, and Albert Vander Veer; alternate delegates for two years, Drs. Thornton, Brown, Little, Glass, Dunning, and Stover; alternate delegates for one year, Drs. J. A. Fordyce, A. H. Terry, W. T. Mulligan, C. G. Rossman, and Burrols. Mr. J. T. Lewis was re-appointed the attorney for the society.

Dr. E. L. Trudeau subsequently declined the office of president and according to the by-laws Dr. A. G. Root, of Albany, will assume the office for the ensuing year.

THE Association of American Medical Colleges will hold its next annual meeting at the Hotel Euclid, Cleveland, March 16, and 17, 1908, under the presidency of Dr. H. B. Ward, of Lincoln, Neb. All those interested in medical education are cordially invited to attend and participate in the discussions. It is desired that the attendance include not only medical educators, but educators in general, members of state medical examining boards, and representatives of allied associations which discuss educational problems.

THE Rochester Academy of Medicine held meetings during February as follows:

Section on Obstetrics, Gynecology, and Pediatrics.—Wednesday evening, February 5. Program: The clinical significance of glycosuria during pregnancy, J. Whitridge Williams, Professor of Obstetrics, Johns Hopkins University, Baltimore.

Section on Surgery.—Wednesday evening, February 12. Program: A cause of pain in the upper back, C. Wentworth Hoyt (by invitation); Diseases of the hip occurring in adults, Ralph R. Fitch.

Section on General Medicine.—Wednesday evening, February 19. Program: Human asymmetry, William S. Ely; Acute anterior poliomyelitis, Robert G. Cook; Demonstration of the action of the valves of the heart, John W. Radu (by invitation).

Section on Public Health, etc.—Wednesday evening, February 26. Program: The systematic examination and treatment of children; a first principle in maintaining a high standard of public health and efficiency. A symposium: Dr. Snell, Ocular defects; Dr. McDowell, Ear, nose and throat defects; Dr. Rosenthal, General functional and physical defects; Dr. Goler, School inspection; its accomplishments, and suggestions for its progress.

THE New York Medico-Legal Society and The American International Congress for Tuberculosis will meet in joint annual session at Chicago, June 1, 2, and 3, 1908. The local committee of arrangements consists of Denslow Lewis and Thomas Bassett Keyes of Chicago and E. S. McKee, of Cincinnati. The latter was appointed to take the place of Nicholas Senn, recently deceased. The permanent offices of both societies are at 39 Broadway, New York.

THE Homeopathic Medical Society of the State of New York at its annual meeting held at Albany, February 11 and 12, 1908, elected the following-named officers for the ensuing year: president, William S. Garnsey, Gloversville; vice presidents, Frank B. Seitz, Buffalo; William H. Nickelson, Adams; Robert C. Woodman, Middletown; secretary, Bert B. Clark, New York; treasurer, Reeve B. Howland, Elmira; necrologist, John L. Moffat, Brooklyn.

COLLEGE AND HOSPITAL NOTES.

EXAMINATION for internes to the House Staff of the City Hospital, New York, will be held on March 27, and 28, 1908 in New York City. The City Hospital has a large general service with about 800 beds, comprising all branches of medicine, and the length of service is 18 months. All applications for the position should be addressed to the Chairman of the Examination Committee, Dr. Smith Ely Jelliffe, 64 West 56th St., New York.

THE Buffalo General Hospital will construct an annex on Goodrich street, just across the way from the main hospital building at an estimated cost of \$35,000. A permit has been issued by the bureau of building and construction will begin in the spring. The building will be two stories high and fireproof.

The plans and expense are part of those arranged for under the will of the late Dr. D. W. Harrington of Cold Spring, who gave a large amount of money to the hospital.

THE German Deaconess's Hospital having been reorganised, the board of directors has determined upon the establishment of a training school for nurses. This would seem to be a wise policy and it should receive the indorsement of all staunch friends of the hospital.

THE Lockport City Hospital has been formally turned over by the contractor to the city authorities. The building cost \$15,000.

of which amount the city gave one third, Augustus Keep one-third, and the Hospital Aid Association raised the remaining third. The rooms in the building have been furnished by different persons, Mrs. John Hodge and Mrs. A. S. Beverly furnishing two of the larger rooms on the second floor. The Masons furnish the largest ward in the building. The operating room will be furnished by the Morrison Evans estate.

THE village of Medina is projecting a hospital and plans are beginning to take shape. An association is being incorporated which includes the names of 100 prominent citizens. Several sites are under consideration and a sum of money amounting to \$300.00 left over from old home week now in the hands of the business men's association, is expected to become available as the nucleus of a building fund.

THE Buffalo Homeopathic Hospital realised a snug sum from the special matinee of the Bohemian Girl given February 12, 1908, by the Stewart Opera Company. The money is placed to the credit of the fund for the nurses' training school.

THE University of Buffalo observed University day, February 22, 1908, by the usual public exercises at the Teck theater. An address on Washington was given by Mr. Carleton Sprague, of Buffalo. Music was furnished by the U. of B. glee club and the 65th regiment band. The faculty luncheon was served at Miss Vincent's tea room.

BOOKS AND AUTHORS.

Progressive Medicine Vol. IV., December, 1907. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by **Hobart Amory Hare, M.D.**, Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 336 pages, with 30 engravings. Per annum, in four cloth-bound volumes, \$9.00; in paper binding, \$6.00, carriage paid to any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

This number is full of good selections, among which we mention a few. Dr. Steele's monograph on diseases of the digestive tract and allied organs brings the subject up to the present time, giving to the student, as well as practitioner, a complete, clear epitome of all that has been added in recent times to our knowledge of normal and faulty digestion, and the means suggested for the alleviation of the latter condition. Dr. John Rose Bradford's chapter on diseases of the kidneys comprises such subjects as hydronephrosis, renal tumors in children, arteriosclerosis of

the renal arteries, renal hematuria and hydremia. Perhaps the subjects of most practical interest are arteriosclerosis and hypertension. The reader will find the article full of interest and value.

Dr. Joseph C. Bloodgood contributes the article on surgery of the extremities, fractures, dislocations, tumors, surgery of the joints, shock, anesthesia and infections. Under anesthesia are summarised the extremely valuable experiments of Crile in the resuscitation of animals apparently dead from chloroform, ether or asphyxia, by artificial infusion with adrenalin and saline solution, together with Crile's conclusions. Bier's induced hyperemia in chronic and acute infections is described, and scopolamine, morphia narcosis, spinal anesthesia and local anesthesia, with their comparative results, will be found in this chapter, which is profusely and excellently illustrated.

Dr. William T. Belfield contributes the article on genitourinary diseases, which will be found to contain a quantity of new material as well as a careful study of the prostate and the comparative value of the different operations proposed for its relief when diseased. Here also is a rough study of the sequelæ of gonorrhea. Dr. H. R. M. Landis's practical therapeutic referendum gives new things that have developed in the field of therapeutics. Here there will be no disappointment, for Dr. Landis has the gift of choosing the good and refusing the useless. As we have remarked often before, this is one of the best condensations of the literature of the period that is issued by the medical press.

A Handbook of Cutaneous Therapeutics. By **W. A. Hardaway**, A.M., M.D., Professor of Diseases of the Skin and Syphilis, and **Joseph Grindon**, Ph.B., M.D., Professor of Clinical Dermatology and Syphilis in Washington University, St. Louis. 12mo, 606 pages. Lea Brothers & Co., Philadelphia and New York, 1907. (Cloth, \$2.75, net.)

Though this is the first edition of this book in its present form, it is yet based upon Hardaway's manual of skin diseases which is well known to the medical profession. In this handbook, Hardaway has given the description of the various diseases and dealt with their treatment, while Grindon has prepared the special sections on radiotherapy, the high-frequency current, galvanism, faradism and minor surgical procedures. Isadore Dyer has permitted the authors to use his experience, which has been large, concerning the treatment of leprosy, while Good, of Saint Louis, has contributed useful points relating to the preparation of ointments.

Skin diseases present in general the most perplexing problems for the general practitioner, hence it has been the aim of these authors to smoothe the pathway as much as possible that leads to their correct solution; in short, it is a book for the physician engaged in everyday practice upon which he can lean for advice. He will not be disappointed, as it clears up many doubtful points, and is a safe guide. It takes its place readily among the better class of handbooks relating to cutaneous affections.

American Edition of Nothnagel's Practice. Diseases of the Heart. By **Prof. Th. von Jurgensen**, of Tübingen; **Prof. Dr. L. Krehl**, of Griefswald; and **Prof. Dr. L. von Schrotter**, of Vienna. Edited, with additions, by **George Dock**, M.D., Professor of Medicine, University of Michigan, Ann Arbor. Octavo of 848 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1908. (Cloth, \$5.00; half morocco, \$6.00, net prices.)

No more interesting nor important study can engross the attention of the actively practising physician of the present day than diseases of the heart. They are to be investigated from every viewpoint,—clinical, pathological, functional, neurotic, and organic. It is doubtful if ever before so complete a treatise on these diseases has been issued,—certainly never one so large or exhaustive as this.

We hear nowadays so much about "heart failure," a term that is constantly in the mouths of the laity, and often used by physicians without rhyme or reason, that it is important to study this condition carefully with a view to ascertain its precise status. This has been done by Jurgensen and he has expressed his views of the subject which he records in this book and which constitutes the opening chapter, under the head of insufficiency or weakness of the heart. It will well repay reading by both physician and surgeon: especially should the latter be able to determine for himself as to the ability of the heart to withstand the shock of anesthetic and operation.

In a section of nearly three hundred and fifty pages Krehl, Griefswald, deals with diseases of the myocardium and nervous diseases of the heart. This is a most important section and we have not seen the subjects handled so well in any other treatise. The large group of affections falling under this head makes it very essential for every physician to familiarise himself with its teachings. We commend the entire treatise for its excellence and scientific treatment of diseases of the heart.

Modern Clinical Medicine. Vol. IV. Diseases of the Nervous System. Edited by **Archibald Church**, M.D., Professor of Nervous and Mental Diseases and Medical Jurisprudence in the Northwestern University Medical Department, Chicago. Authorised translation from "Die Deutsche Klinik" under the general editorial supervision of **Julius I. Salinger**, M.D. Octavo, pp. 1226. Illustrated. New York and London: D. Appleton & Co. (Cloth, \$7.00.)

This remarkable series of German "clinics" is comprised in four volumes, three of which already have been considered in the JOURNAL. It is appropriate that the final volume, now presented should deal with diseases of the nervous system, and that so distinguished a specialist in that department of medicine as Dr. Church should appear as its editor. He may feel complimented, however, to assume editorial control of a work, the text of which is made up by such eminent contributors. Church, himself, is a recognised authority in this field, his treatise written in

conjunction with Peterson being one of the accepted textbooks by the better colleges.

The section on general neurological diagnosis by Schuster, Berlin, is full of interest and would well repay careful reading by every physician as it contains much information that the general practitioner should possess. The section on lumbar puncture performed for diagnostic or therapeutic purposes by Quinke, Kiel, is exceedingly instructive, being the best exposition of the subject we have read, and is amply illustrated. One of the sections to which we invite special attention is that on *tabes dorsalis* by Erb, Heidelberg, in which the latest thought on locomotor ataxia is set forth, and syphilis as a casual factor is discussed in detail. Progressive muscular atrophy is another topic of importance, one that is attracting a good deal of attention, and one that invites careful study. It is dealt with exhaustively by Schultze, of Bonn, and his articles merit unstinted praise.

The paralyses are all handled in a most satisfactory manner and considerable additional light is thrown upon them by the several authors who write concerning the topic. It would be a great undertaking to prepare an exhaustive review treating section by section with analytical precision and it would, also, be quite unnecessary in these busy days to ask our readers to wade through so much material. The better way would be for each one to obtain the book for himself and accord to it a thorough reading. It will well repay the expenditure of the time and money such a plan would entail.

Woman. A Treatise on the Normal and Pathological Emotions of Feminine Love. By **Bernard S. Talmey, M. D.**, Gynecologist to the Metropolitan Hospital and Dispensary, New York. 12mo, pp. 300. Illustrated. New York: Stanley Press Co. (Price, \$3.00.)

When Dr. Talmey took up this subject for the making of a book, even a small one, he entered a field which, while not wholly virgin, is at least fertile; and he showed more than mere literary courage. Briefly, the work is a treatise on the normal and pathologic emotions of love in the woman, and it is doubtful if there are many of the phases of the sexual life or thoughts of woman which the author has not snatched from their hiding places and laid upon the altar of his literary ambition. It takes a brave man to do such deeds as these and, although he is wise enough to not lay claim to having disclosed all that women think of in the realm of love and sexuality—God forbid that anyone should attempt so impossible a task—yet he does sort of set himself up, by virtue of priority, as a pioneer.

It is true, as pointed out by the author, that the physiology of the sexual emotions is not taught in the medical schools; that is, not as a part of the curriculum sanctioned by the faculty.

It is equally true that women suffering from disturbances of sexual emotions do not find physicians capable of giving them relief; at least, not always. These considerations led Dr. Talmey to write the book, and all other questions aside it is a distinct addition to medical literature, for medical literature should be complete; and how can it be when it is so barren of instruction regarding the sexual thought and emotions of women? There has been some criticism of the book on the ground that it is objectionable in character. That is unfair; for after all the book is merely theoretic, and being so it may possibly be made valuable if the public could be brought to pluck its wisdom in such matters from the pages of a book rather than spend time in the pursuits of clinical experience. But it is doubtful if even so well written a book as Dr. Talmey's,—and it is well written,—will ever become a fixture in scientific literature. The analysis of woman and her thoughts and her sexual impulses is not a science; it is an art.

N. W. W.

A Manual of Hygiene and Sanitation. By **Seneca Egbert, M.D.**, Professor of Hygiene in the Medico-Chirurgical College, Philadelphia. Fourth edition. 12mo, 498 pages, with 93 illustrations. Lea Brothers & Co., Philadelphia and New York, 1907. (Cloth, \$2.25, net.)

As the years advance more and more attention is being paid to the subjects dealt with in this book. Preventive medicine is the shibboleth of the educated physician of the period and the topics discussed in this book,—hygiene and sanitation,—lie at the very foundation of the subject. When this book first appeared it received favorable mention in the *JOURNAL*, as have the subsequent editions. Now, since it has been revised in detail, some of it rewritten, and all reviewed we can scarcely recall its equal, certainly not its superior as a manual on the topics of which it treats. In this edition the relation of opsonins to immunity is discussed, which will meet the wishes of the yearner for novelty; while the author has delved into the vital statistics of the census bureau, and of some of the larger cities to obtain data of value bearing on hygiene. It would be a good plan for municipal and town boards of health throughout the country to adopt this manual as a guide.

A Textbook of Physiological Chemistry. By **Charles E. Simon, M.D.**, Professor of Clinical Pathology in the Baltimore Medical College. Third edition. Octavo, 490 pages. Lea Brothers & Co., Philadelphia and New York, 1907. (Cloth, \$3.25, net.)

The subject matter of this book is presented in a fashion to meet the trend of medical college teaching. The requirements of the present day are a knowledge of general chemistry for en-

trance, and then a limitation of its study to the relation chemistry bears toward physiology and pathology. Professor Simon has created a work that is both a textbook for the lecture room and a guide for work in the physiologic and chemical laboratory.

The present edition witnesses the bringing forward of the book to the present date without increasing its size or materially changing its appearance. It deals with that branch of chemistry which concerns the medical student in particular, for presumably he has acquired a knowledge of general chemistry during his academic training. Simon has arranged his book with that end in view and made it, therefore, the most practical textbook of its kind. The albumins, the carbohydrates, the fats, and the ferments are presented in the clearest manner possible, while the chapters on the urine and the blood are exceptionally well written, besides being expressive of the latest scientific thought.

The claims of this work upon the physician in active practice must not be overlooked, because for him it is far and away the most helpful book he can place in his library, dealing as it does with questions relating both to the prevention of disease and the restoration to health of those who are ill. These questions lie at the very threshold of medicine and must not be neglected.

A Manual of the Practice of Medicine. By **A. A. Stevens, A.M., M.D.**, Professor of Therapeutics and Clinical Medicine in the Woman's Medical College of Pennsylvania. Eighth Edition. 12mo of 558 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. (Fleible leather, \$2.50 net.)

Probably no work of this class,—no manual of the practice of medicine,—has been reprinted and issued in as many revised editions as this one. This fact gives token both of its popularity and genuine worth. It contains the essential points of the practice of medicine arranged in such a manner as to be easily accessible for quick reference. The type, too, is of the proper size to make the text agreeable to the eye, while the subheads and sideheads in heavy faced type make the topics and subtopics readily discernable. Bound in flexible covers of black leather, with rounded corners and red edges, it is one of the handsomest volumes of its size that comes to our table.

To make the eighth edition a strictly modern book the author has revised the entire text, as well as rewritten some of it, while new material has been added, to freshen it wherever needed. We cannot speak too highly of this manual as a coach for the student and a reference book for the practitioner.

Heart Disease and Blood Pressure. By **Louis Faugeres Bishop, A.M., M.D.**, Clinical Professor of Heart and Circulatory Diseases, Fordham, University, New York. Second edition. 12mo. pp. 120. New York: E. B. Treat & Company. (\$1.00.)

The strenuous life of the workers and worriers of the present day makes serious demand upon the energising forces of the

human economy. The heart in particular undergoes great strain and often is the medium through which nerve tire first manifests itself. At all events a tired heart frequently occasions more discomfort than one with real disease.

In this essay which is unusually well written, Bishop has described the various conditions of bloodpressure whether depending upon organic changes or upon vasomotor spasm. It is a very readable and instructive little volume. This edition includes the observations incident to nearly four years additional experience, beyond that recorded in the first edition. The author also has advanced some interesting theories bearing on some phases of the subject, and has slightly changed the title of the brochure. We advise all interested to procure the book and read it with care. It will prove entertaining as well as instructive.

The Commoner Diseases of the Eye. By **Casey A. Wood, M.D.**, Professor of Ophthalmology, Northwestern University, Chicago, and **Thomas A. Woodruff, M.D.**, Ophthalmic Surgeon, St. Luke's Hospital, Chicago. 12mo, pp. 598. Illustrated. Third edition. Chicago: W. T. Keener & Co. (Cloth, \$2.50.)

Ophthalmologists have recognised this book as among the better smaller treatises on the eye, although it is intended primarily for students and for physicians in general practice. It makes plain the diagnosis and treatment of many diseases of the eye, which the authors are pleased to designate as affections of the visual tract. The commoner diseases of the eye are admirably set forth and especially are the methods of examination described in a clear fashion. Many injuries of the eye and its appendages are described and directions given for their repair or treatment. The nasal cavities and the sinuses as they may affect the eye are dealt with in a most instructive way, while the illustrations follow the text and elaborate it with clearness. Finally, the make-up of the book is most satisfactory. We are unfamiliar with a better book of its class and we think the authors have rendered a distinct service to the profession in this most excellent manual.

Diseases of the Genitourinary Organs and the Kidney. By **Robert H. Greene, M.D.**, Professor of Genitourinary Surgery at the Fordham University, New York; and **Harlow Brooks, M.D.**, Assistant Professor of Pathology, University and Bellevue Hospital Medical School. Octavo of 536 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. (Cloth, \$5.00; half morocco, \$6.50 net prices.)

If there is one branch of medicine which needs help in a literary way, it is genitourinary work. There are few volumes in the mass of treatises, textbooks, systems and reprints which approach the point where criticism may cease and honest commendation begin. There is either too much or too little; too

much opinion or none at all; there is hardly a work which may be considered to approach the happy medium.

There was, it must be confessed, a flicker of hope, when the announcement of the forthcoming publication of Green and Brooks's book was made, that now would come a literary Moses to lead the bewildered general practitioner and the hungry student out of the wilderness. The book has made its appearance and it is disappointing. The more important diseases of the genito-urinary tract are discussed, but the discussion will do little more than start some over eager student into a field of fads that can do him little good. It must not be thought by this that there is no good to be found in the book; there is much that is excellent, and almost brilliant are those portions which deal with pathology; yet the few bright spots are dimmed by the glare of error which strikes one forcibly even in a casual reading.

It is only necessary to call attention to the woeful chapter on gonorrhœa wherein it is advised to withhold all local treatment until at least the fourth week of the disease,—a treatment which is not in accord with modern methods by any manner of means. The authors' abortive treatment for gonorrhœa is difficult of serious consideration, but it is a good thing to read in order to know what not to do. As a whole the book lacks that satisfying tone which a really perfect work should possess. It is more or less superficial; and as for errors, they pop up like mushrooms on a misty morning. A thorough editing, a careful revision and a new edition would do much toward making a better book of it.

N. W. W.

The Pancreas. Its Surgery and Pathology. By **A. W. Mayo Robson**, D. Sc. (Leeds) F. R. C. S. (Eng.) London, and **P. J. Cammidge**, M.D. (Lond.) D.P.H. (Camb.) Octavo, pp. 546. Illustrated. Philadelphia and London: W. B. Saunders Co. (Price, \$5.00.)

The senior author of this work has been recognised for a long time as authority on the surgery of the pancreas; indeed, it may be said that he has played a principal part in rescuing that organ from the comparative obscurity that hovered over it for so long a time. Robson is one of that small but enlightened group of surgeons who believes that most of the diseases of the pancreas are recognisable during life, and he, himself, has contributed in no small degree to improve the methods of diagnosis whereby most of the affections of this organ can be detected, thus making those conditions that come within the domain of surgery clearer, separating the curable and incurable by sharper lines.

The pathology of the pancreas is well brought out by Robson, and the chapter dealing with this topic is one of the most interesting in the book. It makes clear much that has been obscure heretofore; and the next one, on fat necrosis, is of absorbing in-

terest. Diabetes is necessarily of great interest to the clinician, hence the chapter on that phase of the subject appeals to him. Injuries of the pancreas will attract the attention of the surgeon at once and he will find this chapter of great value.

The illustrations, though few in number, are clear and lend an increase of interest to the book. Opie is naturally the most quoted American author in the treatise, he having made more original investigations relating to the pancreas than any other American.

The entire treatise constitutes a contribution to the literature of medicine that is second to none for the year, and should command the attentive reading of everyone interested in the subject.

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. Edited by **W. T. Longcope, M.D.**, Volume IV., seventeenth series. Philadelphia and London: J. B. Lippincott Co. 1907. (Cloth, \$2.00.)

The five articles on treatment in this volume are contributed respectively by Henry, Warthin, Francine, Weil, and Chantemesse. On medicine there are six contributions by Hewlett, McPhedran, Pancoast, Robinson, Swan, and Calmette, respectively. In the department of surgery are six articles contributed respectively by Le Conte, Sights, Cumston, McConnell, Mitchell, and Jopson.

In the department of gynecology are four contributions made respectively by Beyea, Green and Hunter, Wainwright, and Palmer. The two articles relating to genitourinary diseases are presented by Corner and Ballenger respectively; three on orthopedics are by Johnston, Tubby, and Newlin, respectively; three on neurology are by Walton, Stewart, and Gordon respectively; while one on otology is by Lermoyez.

Perhaps we should not make invidious distinction in the presence of authors so distinguished and material so valuable, but we cannot resist the temptation of calling special attention to the paper by Albert Philipe Francine on the etiology and treatment of hemoptosis in pulmonary tuberculosis; to that by Albion Walter Hewlett on the common cardiac arrhythmias; to the one on fractures of the femur by H. P. Sights; to the one on the management of pregnancy, by John W. Wainwright; and to the one on chronic joint disease in children, by W. B. Johnston. While all are excellent these are of great practical utility in everyday practice.

Surgery of the Genitourinary Organs. By **J. W. S. Gouley, M.D.** Small 8 vo. pp. 531. New York: Rebman Co. (Price, \$3.00).

There is little that is new in this book and its interest lies solely in its value as a historic work presenting the procedures

of bygone years both in surgical and therapeutic treatments. Viewed in this light it is well worth the reading and is an excellent picture of what used to be and not what is. It would be not alone unfair, but absolutely criminal to criticise a book of this character, for it is in no sense intended as a textbook. As an exposition of the historic elements of genitourinary surgery it is excellent and might be read with benefit by students, provided they could so gird themselves about with self-control that they would be in no danger of becoming converts to some of the treatment suggestions, as for instance, leeching in epididymitis. There is much that is safe and a very great deal that is interesting in the book and it possesses the elegance of construction and the dignity for which Dr. Gouley's writings are noted.

F. A.

Five Hundred Surgical Suggestions. By **Walter M. Brickner**, B.S., M.D., Chief of Surgical Department, Mount Sinai Hospital Dispensary, New York, and **Eli Moschcowitz**, A.B., M.D. Second Series. Duodecimo, 125 pages. New York: Surgery Publishing Co., 1907. (Price, \$1.00.)

This small book contains a vast amount of information, most of which is of a very practical kind. It will be found particularly useful to the surgical assistant or junior practitioner. This second edition contains nearly double the number of "suggestions" that were published in the first series. It is a handsome book and is well worth the price at which it is offered.

BOOKS RECEIVED.

Surgery: Its Principles and Practice. In five volumes. By 66 eminent surgeons. Edited by **W. W. Keen**, M.D., Emeritus Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia. Volume III. Octavo of 1132 pages, with 562 text-illustrations and 10 colored plates. Philadelphia and London: W. B. Saunders Company; 1908. (Per volume: cloth, \$7.00; half morocco, \$8.00, net prices.)

Syphilis. A Treatise for Practitioners. By **Edward L. Keyes**, Jr., A.B., M.D., Clinical Professor of Genitourinary Surgery in the New York Polyclinic Medical School and Hospital. Octavo, pp. 606. Illustrated. New York and London: D. Appleton and Company. 1908. (Cloth, \$5.00.)

Practice of Medicine for Nurses. By **George Howard Hoxie**, M.D., Professor of Internal Medicine in the University of Kansas, Kansas City, Mo. 12 mo. pp. 284. Illustrated. Philadelphia and London: W. B. Saunders Company. 1908. (Cloth, \$1.50.)

LITERARY NOTES.

American Medicine, formerly edited by Dr. George M. Gould as a weekly medical newspaper and later became a monthly, has been removed from Philadelphia to New York. It has put itself into the \$1.00 class and appears in its January issue with a new declaration of principles. Dr. Frank Clark Lewis is the managing editor. Its general offices are at 84 William Street, New York, and its publication offices at 189 College Street, Burlington, Vt.

THE *Archives of Diagnosis*, a quarterly journal devoted to the study and progress of diagnosis and prognosis, made its first appearance under the date of January, 1908. It is edited by Heinrich Stern, New York. Its subscription price is \$1.00 a year.

MISCELLANY.

ARMY MEDICAL CORPS EXAMINATIONS.—Preliminary examinations for appointment of Assistant Surgeons in the Army will be held on May 4 and August 3, 1908, at points to be hereafter designated. Full information concerning the examination can be procured upon application to the Surgeon General, U. S. Army, Washington, D. C. The essential requirements to securing an invitation are that the applicant shall be a citizen of the United States, shall be between twenty-two and thirty years of age, a graduate of a medical school legally authorised to confer the degree of doctor of medicine, shall be of good moral character and habits, and shall have had at least one year's hospital training or its equivalent in practice.

The examinations will be held concurrently throughout the country at points where boards can be convened. Due consideration will be given to the localities from which applications are received, in order to lessen the traveling expenses of applicants as much as possible. Applicants holding diplomas from reputable literary or scientific colleges, normal schools or high schools, or graduates of medical schools which require an entrance examination satisfactory to the faculty of the Army Medical School, will not be examined in subjects of general preliminary education.

In order to perfect all necessary arrangements for the examinations of May 4th, applications must be complete and in possession of the Surgeon General on or before April 1st. Early attention is therefore enjoined upon all intending applicants. There are at present twenty-three vacancies in the Medical Corps of the Army.

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ORIGINAL COMMUNICATIONS.

The Significance and Treatment of Uterine Hemorrhage

By WILLIAM EDWARDS FITCH, M. D.

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THE history of gynecology is accentuated by progress. In glancing over its pages the student is astonished at the rapid strides made to alleviate the ills of womankind. It is a chapter written within the present century, and written with glowing pen and on emblazoned paper, recording the daring of Ephraim McDowell, of Kentucky, who in 1809 performed the first laparotomy on a poor woman from the wilds of the blue grass state, without anesthesia, an event which marked the beginning of intrapelvic gynecologic surgery.

Perhaps the brightest page in this chapter contains the wonderful discovery of Crawford W. Long of Georgia, who on March 30, 1842, used ether for the first time as an anesthetic, while operating on James Venable, from whose neck he removed without pain a large tumor—robbing, for all time, the operating table of its dreadful horrors. Another page in this chapter records the brilliant labors of Marion Sims, a native of South Carolina, who in 1845-9 described for the first time his operation for vesicovaginal fistula." He also gave to the profession the duck-bill speculum which bears his name, for the exposure of the fistula with the patient lying in the left semiprone position. Elsewhere in this same chapter we find a description of Battey's operation first performed by Robert Battey, of Rome, Ga., who on August 17, 1872, performed the first oophorectomy in this country upon a nervous, hysterical woman whose menstrual periods, prior to the operation, almost drove her to madness. This operation was successful, adding years of joy and happiness to his former invalid patient.

New operations, improved surgical technic, and new therapeutic remedies have been the means of giving the suffering woman a new lease on life. These new methods and measures must usurp the attention and command the coöperation of every

thoughtful gynecologist. He must forsake his ultra conservatism and pay due homage to whatever in his experience has most abundantly redounded to the amelioration of the ills of suffering woman.

The gynecologist should be a good listener, that he may fully grasp the importance of the symptoms which his patient confidently recites. He must be able to judge human nature in order to carefully weigh the evidence submitted and correctly interpret its bearing on the case. When a woman comes for consultation and gives a history of uterine hemorrhage, we should be very thorough in our interrogatory examination, since bleeding from the uterus is one of the most common complaints for which the physician is consulted. The causes are numerous and the diseased conditions manifold.

This paper is intended to be intensely practical and the writer hopes his labors may be of some help to his fellow practitioners, and thereby benefit womankind. If we succeed we shall feel amply repaid for the time and labor spent in its preparation. In considering the treatment of uterine hemorrhage, we have before us a subject of momentous importance and one requiring much thoughtful study. Hemorrhage from the uterus may indicate:

Adenoma Malignum—Here the hemorrhage is less profuse, the discharge is less abundant, and the odor less offensive than in cancer.

Cancer of the Body of the Uterus—Here the bleeding may be intermittent and copious or constant and dribbling.

Cancer of the Cervix—A persistent watery discharge tinged with blood, usually associated with fetor; later, profuse and violent hemorrhage may occur.

Deciduoma Malignum—In this condition there is intermittent hemorrhage, usually severe, followed by an offensive, turbid watery discharge,—bloodclots may be found.

Ectopic Gestation—Agonising pain, faintness and collapse are indications that the tube has ruptured and violent hemorrhage present.

Endometritis—This begins with a dull, aching pain accompanied by purulent and oftentimes bloody secretion, menorrhagia and metrorrhagia being common.

Fibroid Polypi—Here will be found a profuse purulent discharge; menorrhagia with colicky or propulsive pains, the bleeding dribbling or severe flooding.

Fibroid Sarcoma—In this there may be a torrential hemorrhage occurring with alarming suddenness and severity, or there may be only a continual dribbling as in cancer of the body of the uterus.

Inversion of the Uterus—Here the hemorrhage is very profuse accompanied by a dragging or pulling sensation.

Lacerated Cervix—In this condition the hemorrhage is usually slight.

Ophoritis (chronic)—This condition is attended by menorrhagia, especially in cystic ovary, which gives rise to a most intractable form of uterine hemorrhage.

Ovarian Cyst—In this as in cystic ophoritis, menorrhagia and metrorrhagia are common.

Retroadjustments—Menstruation usually profuse with aggravated reflex disturbance in these conditions.

Salpingitis—In this there is increased frequency and duration of menstruation, bloody discharge accompanied by pain, quick pulse and persistent elevation of temperature.

Simple Cysts of Ovary—Here, too, there is occasional hemorrhage and metrorrhagia.

Subinvolution of the Uterus—In this condition the symptoms are backache, anemia and malaise, depression of spirits, profuse menorrhagia.

Uterine Fibroids—In these the symptoms usually are pressure, pain and hemorrhage either at or in the intervals of menstruation.

Uterus, prolapsus of—There is pelvic pain, with weight and dragging sensation in acute prolapse, then, when the ligaments are torn, profound shock and agonising pain attended with internal hemorrhage.

The above are a few of the diseased conditions that we will be called upon to treat which will be accompanied by uterine hemorrhage. Some of these cases will be easily diagnosed and yield readily to treatment while others will come to us in which no abnormal signs can be found on physical examination, and in which treatment will prove extremely unsatisfactory. Still there are other cases which can be cured only by surgical intervention. Many of the patients presenting themselves for consultation will be women between twenty-five and thirty-five years of age,—a period of life when menstruation should be regular and normal. In many of these sufferers, beyond a slight enlargement of the uterus and a somewhat toneless condition of the uterine muscle and appendages, there is nothing abnormal which can be discovered on the most painstakingly careful bimanual examination. While operative gynecology has made rapid advancement saving the lives of many women, the non-surgical conservative workers have been "up and doing." Scientific pharmacologists and chemical laboratory workers have greatly aided the conservative gynecologists.

Whatever may be the correct interpretation of the pathological changes present in uterine hemorrhage, the fact remains that the control of the bleeding is often a very difficult problem, especially in those cases unsuitable for surgical intervention, and the drugs which we have at our command for the control of hemorrhage often prove disappointingly unsatisfactory. Frequently cases come under observation in which the usual hemostatics and styptics, such as ergot, hydrastis, hamamelis, gallic and tanic acids, persulphate of iron and other drugs of this type have been used without even the slightest signs of alleviating the hemorrhagic flood. The cervix has been dilated, the endometrium cureted and still the patient bleeds. In the past, in such cases, the woman had to give up her organs or bleed to death. The writer recalls a patient who literally bled to death, ten years ago, because she refused hysterosalpingoöphorectomy—the only chance of saving her life.

Conservatism in gynecology has been a stimulus to the broadening of therapeutic effort and has saved countless numbers of women from needless sacrifice of organs and other surgical mutilations that in so many instances failed to bring relief. We are sometimes compelled to remove a uterus because of our inability to check uterine hemorrhage permanently, as its recurrence is often to such an extent as to greatly endanger the life of the patient, and when the organ has been extirpated the pathologist will open his eyes in surprise to see how comparatively trifling the organic changes will be. If uterine hemorrhage occurs after parturition or abortion, we know the cause—faulty contraction of uterine muscular fiber. The open bloodvessels gape through the atony of the muscle and we all know that any remedy which causes firm contractions of the uterine muscle will stop hemorrhage. A uterus infiltrated by small fibromyomata, or which is chronically inflamed, is an entirely different case. In such cases an abnormal growth of tissue is present, a growth which compresses the muscular fibers, hindering them from contracting with sufficient force to control arteriosclerotic ones which gape wide open in spite of muscular contractions, due to the rigid surrounding connective tissue.

In these cases, only such remedies are worth the while, except those which act independently of muscular contraction. Dr. Abel of Berlin¹ says he has had occasion to examine microscopically uteri which had been removed on account of uterine hemorrhage when all other treatment had failed. He avers on examining these uteri he has observed that the capillaries are greatly dilated in the mucous membranes which have been the seat of severe hemorrhage, therefore he declares that ulcerative processes were

present exposing the vascular loops on the surface of the uterine mucous membranes.

We can readily understand how such uteri become the seat of extensive hemorrhage and that this bleeding can only be controlled by a remedy which influences the vasomotor nervous system directly, promptly counteracting the irritation that induces the dilatation of the capillary vessels. Such a remedy is the neutral phthalic acid salt of cotarnin.

Cotarnin was discovered by Woehler² who obtained it by the oxidation of the opium alkaloid, narcotine, by means of manganese dioxide and sulphuric acid.

Pharmacology.—Cotarnin phthalate is a yellowish micro-crystalline powder containing 75 per cent. of cotarnin. It is readily soluble in water with a feeble alkaline reaction. Its melting point is 113° C and it is represented by the formula— $(C_{12}H_{16}NO_3)_2C_3H_6O_4$. It contains two active hemostatics, as not only the cotarnin is noted for its hemostatic and sedative action, but valuable styptic properties are also claimed for the phthalic acid. According to Lockyer³ cotarnin is chemically related to hydrastine, the latter containing stypticin, the hydrochloride of cotarnin.

Physiological Action.—Cotarnin phthalate exerts no action on normal bloodvessels, nor does it produce a rise of blood pressure, but its action in the main is directed to the capillaries dilated by inflammatory changes. Its physiological action on the uterus has been studied by Mohr⁴ and Abel of Berlin and by Chiappe and Ravano in Boss's Clinic at Genoa⁵. These investigators agree that cotarnin displays not only a powerful hemostatic, but also a sedative action. It might be supposed that as a derivative of opium it would depend for its hemostatic action upon central causes, but Vieth and others aver that this is not so, since the drug does not occasion a general rise in blood pressure: he regards the uterine hemostasis as a purely local action, and supports this view by the statement that when used externally it causes hemostasis by vasoconstriction.

Quoting from Lockyer, he believes that after absorption by the blood "cotarnin has the peculiar property of causing constriction of the urogenital vessels only. this action he avers is caused by the stimulation of their local vasomotor plexuses. Cotarnin does not effect normal vessels in other parts of the organism, hence a general rise in blood pressure does not occur. While its action is very prompt in the arrest and control of uterine hemorrhage yet it does not allay the bleeding in hemoptysis and hematemesis.

Toxic Effects.—After the administration of a lethal dose says Abel and Mohr, there first appears a sedative effect, exactly

as with small doses, but this is soon followed by excitation, which is preceded by incoördination and ataxia of the extremities. This excitation is rapidly followed by respiratory and general paralysis and death. Just before death the number of respirations rapidly decrease and the breathing gradually becomes superficial. To produce poisonous effects very large doses must be given and Mohr has proven that gangrene cannot be set up by the continuous exhibition of this drug.

Therapy.—Mohr's experiments on pregnant rabbits establishes the fact that the uterus is rendered less sensitive to stimulation by the sedative action of cotarnin. This reduction in the excitability of the uterine nerves is an indication for its employment for the relief of spasmodic and congestive dysmenorrhea, and from the mass of clinical evidence collected by competent clinicians it establishes the opinion that in it we have a drug which fulfills a unique position in therapeutics, and one which can be safely given in threatened abortion. If the deductions of the German clinicians as to the physiological action of cotarnin are correct, and we believe they are, then in this drug we have a substance which has a special selective action upon the uterine nerve plexuses, which action produces a local vasoconstriction, at the same time, from its sedative action, pain is relieved. As it causes no contraction of uterine muscular tissue it is not indicated for the relief of post-partum hemorrhage, nor for any pathological condition where it is necessary to secure continuous retraction of uterine muscle.

The first clinical research into the therapeutic application of this drug was carried out by Kat^z in Professor Karl Abel's clinic in Berlin. He and Abel enunciated the following deductions, dose 3 to 5 grains daily in original sugar-coated tablets, and the following indications for its use were laid down. After an experience of several years, in more than 300 cases, Katz and Abel recommend it in the following cases, namely:

1. Severe menstrual hemorrhage in virgins and nulliparæ without a pathological-anatomical cause.
2. In purely climacteric hemorrhage.
3. In puerperal hemorrhage.
4. In myomal hemorrhage, especially in cases suitable for operations; the patients, generally enfeebled by the recurring attacks of menorrhagia are able to recover their strength when the bleeding is held in check by cotarnin phthalate.
5. In secondary hemorrhage in diseases of the appendages, or of the pelvic cellular tissue. (These are the cases where success is least certain, for many cases of this type are amenable to no other treatment than the removal of the actual cause of hemorrhage by surgical intervention).

6. In hemorrhage due to inoperable carcinoma, in which the local application of the remedy has also been used.

7. In dysmenorrhea, when not due to mechanical causes. Because of its double sedative and hemostatic action, this drug is a safe remedy for painful and prolonged menstruation. The sedative action is hardly ever absent, provided the remedy be given in sufficient doses,—2 tablets three to four times a day.

8. In hematuria,—bleeding from the genitourinary tract.

Abel in closing his paper, published in *Berliner Klinische Wochenschrift*, 1905, No. 34, summarises as follows: "I believe that in the neutral phthalate of cotarnin, (styptol¹), we have gained a preparation which surpasses all former hemostatics employed in gynecology, provided the indications and dosage are right, whether administered internally, locally, or by a combination of both methods. Here I should like to mention once more that the remedy possesses a pronounced sedative effect which makes it especially valuable in gynecological practice." He quotes Freudenberg who is of the opinion that styptol cannot always replace ergotin; on the other hand, Professor Toff⁸ observes that ergotin, and powdered ergot, have often proved unsuccessful, while styptol has always shown a reliable hemostatic effect. He even believes the time is not far distant when ergot preparations will lose their reputation just as they have long ago been given up as abortifacients for which they were used for decades. Weissbart⁹ praises the action of the drug in climacteric and reflex hemorrhages, endometritis, subinvolution of the womb after parturition and miscarriage, and hemorrhages during pregnancy. Styptol never causes uterine contraction nor labor pains, an observation made by Freudenberg¹⁰ which is in perfect accord of other German authors.

More than two years ago my attention was first drawn to this drug, as a remedy for the control of uterine hemorrhage. During that time I had occasion to observe its therapeutic action both in private and dispensary practice. My service, in one of the largest clinics for the diseases of women in the city of New York, has given me exceptional advantages for the study of this drug. I believe, as is claimed by the German clinicians, that the special action of the drug is principally on the capillary circulation, and that it has the power of contracting these dilated bloodvessels, in this way cutting short local congestion.

I have clinically tested the therapeutic properties of cotarnin phthalate for the arrest and control of uterine hemorrhage, and append hereto a few clinical histories taken at random from my note-book which will serve to illustrate the value of this drug in the treatment of uterine hemorrhage.

1. Styptol has been approved by the council of Chemistry and Pharmacy of the A. M. A.

In December 1905, I was called in consultation to see Mrs. S., aged 32. She first menstruated in her fourteenth year, was always regular as a girl, but suffered a great deal of pain during the periods, which were very profuse, married twelve years, two children and two miscarriages,—the last, two years ago; since then, her periods have been painful and alarmingly profuse, lasting sometimes from six to ten days, passing clots and suffering from frequent micturition; bowels constipated. Vaginal examination revealed a large and bulky uterus, slightly anteflexed, cervical catarrh, nil in fornices: diagnosis, endometritis with metorrhagia. Curettage advised but refused; patient was then placed on cotarnin phthalate, one tablet three times daily and advised to continue it until the next period, which she did, and after three months she reported freedom from her former ills.

Millis S., aged 31, menstruated first in her twelfth year; regular for the first two years, then came a period of 18 months during which she was very irregular. Acute ovarian pain preceding each period, beginning five or six days before and continuing for the first three days of the flow, which was very profuse and weakening to the patient. This case was first observed in February, 1906. Bowels constipated, micturition normal, appetite peevish, sleep disturbed. Vaginal examination revealed a slightly enlarged uterus freely movable but tender bimanually, some cervicitis with a slight erosion. Diagnosis, dysmenorrhea with menorrhagia. A curettage was performed by her physician during the early part of the preceding month. I was called again in April, same year, and found patient suffering with a return of her former symptoms. She was displeased at her condition and bewailed her plight after undergoing an operation which had been promised as a relief to her sufferings. She was placed upon neutral phthalate of cotarnin,—one tablet four times daily,—which was continued right along through the next period and until the next succeeding catamenia, both of which she passed through without any trouble or inconvenience.

Rebecca S., colored, aged 30 years menstruated first at twelfth year, regular for several years following; married three years, no children, no miscarriages. When I first saw her in April, 1906, she was complaining of headache, pain in her back, leucorrhea very profuse during intervals between periods, vaginal examination revealed uterus anteflexed, the sound glided in two and one-half to three inches, tip turning to the front. On bimanual examination a small mass was made out between the folds of the broad ligament on the left side; this mass was diagnosed as a fibroid about the size of a small tangerine orange. Knowing the predisposition of her race to fibroids, she was placed on a tonic treatment and kept under observation. In July, same year, the second examination found the tumor much larger, firmly fixed laterally, but slightly movable in the vertical; acute pain in the left iliac fossa gave her considerable annoyance; she suffered nausea and vomiting during these attacks of ovarian

pain; menses very profuse, occurring irregularly at periods varying from two to six weeks and lasting from six to eleven days. She was at once placed upon tablets of cotarnin phthalate, receiving four a day and after four months' treatment pain was very slight; menses about normal; size of tumor, slightly diminished; patient better.

Mrs. K., American, aged 38, menstruated first in her seventeenth year, usually regular, married twenty years, ten children and eight miscarriages.—the last miscarriage eight months previous—since which time she has suffered from a continuous metorrhagia; bowels constipated, appetite fickle, sleep disturbed, micturation frequent and irritating. In March, 1907, I examined this patient vaginally and found the cervix lacerated, hardened and enlarged, uterus enlarged circumferentially, left ovary prolapsed and very tender, left tube a boggy mass. Diagnosis salpingo-ophoritis; operation advised but refused; bleeding ceased after the administration of the neutral phthalate of cotarnin, one tablet every six hours for a period of four weeks. Of course in this instance the bleeding was controlled, but the diseased condition remains uncured.

Fannie R., German, aged 34 years, menstruated first in her fifteenth year, always regular, married thirteen years, two children, and six abortions; bowels constipated, appetite poor, sleep normal, micturation normal, complained of severe backache, pain over ovarian region, a bloating of lower abdomen and a continuous loss of blood since last abortion. On vaginal examination found vagina relaxed and enlarged, uterus mobile, os soft and gaping, ovaries tender. Diagnosis subinvolution with metritis. Ordered woman to bed and turpentine stupe to abdomen, hot sterile douches at bed time and cotarnin tablets, one every six hours. After two weeks the bleeding began to subside and at the end of one month the loss ceased and did not recur.

These few examples of a large series of cases extending over two years of practice, suffice to show the value of cotarnin phthalate (styptol) to be a most favorable one in bleeding from the uterus. I have prescribed the drug chiefly in the disorders of menstruation, including dysmenorrhea, menorrhagia, and metorrhagia, metritis and endometritis and other congestive lesions of the womb. The experience of others, as well as myself, proves that in this drug the gynecologist has a reliable remedy for the control of uterine hemorrhage.

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"THE LAFAYETTE," 320 MANHATTAN AVE., NEW YORK.

The Urgency of Early Diagnosis of Cancer of the Stomach¹

By ALEXANDER MCPHEDRAN, M. D., Toronto, Ont.

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OUR views regarding the incidence and cure of internal cancer have undergone a complete change in the last decade or two, chiefly on account of the great advance in internal surgery. This advance imposes new obligations on internal medicine. The knowledge that cancer is at first a definite local disease, absolutely curable if removable, throws upon physicians the momentous responsibility of an early recognition of the disease as the first step essential to its cure.

A diagnosis to be early must be made while the disease is still localised and its complete removal therefore still possible. This point in the history of the case is usually passed long before a tumor becomes apparent, but in a few cases the infection is still circumscribed after even a large tumor has been formed. So strongly do Czerny and Rindfleisch and, later, Kraske (Boas; *Diseases of the Stomach*. English-American Edition; page 584) regard the outlook as unfavorable after a palpable tumor forms, that they hardly deem operation justifiable after its appearance. There are no pathognomonic symptoms of cancer of the stomach, hence we have to depend on the consideration of all the symptoms and signs.

In many cases the onset is gradual, but more often, rather sudden and attributed to errors of diet followed by acute and, later, chronic dyspepsia. Care and treatment are followed by at most only temporary relief. In a person over 40 years of age who has been previously healthy, such symptoms should arouse suspicion. In younger persons it may begin suddenly with hematemesis followed by intractable vomiting and rapid wasting.

Next to the sudden onset of digestive disturbance is the progressive decline in appetite; in time there is complete loss of

1. Read at the fortieth annual meeting of the Medical Association of Central New York, held at Rochester, October 15, 1907.

appetite and, later, repugnance to food, especially to meat. This is an important and often an early symptom of gastric cancer. The appetite is usually good, not rarely craving in ulcer, and it must not be overlooked that it is occasionally so also in cancer. Pain is not usually an early symptom, but there is often a feeling of pressure and discomfort in the epigastrium, chiefly after meals. Later pain gradually develops, but varies chiefly with the degree of gastric stasis. It is not characteristic and therefore not of much differential value.

Eructation is frequent; it may be acid, and often gives temporary relief. The gas is at first odorless, but later may become very offensive, owing to decomposing particles from the tumor. Vomiting is a frequent, but by no means a constant symptom. It is most constant as well as most copious, of course, in disease of the pylorus: it may be absent throughout, when only either curvature is affected. In acute cases vomiting may be among the first, and most distressing symptoms. In these cases, however, the progress of the lesion is so rapid that serious advance has probably been made before the severe symptoms set in. Such cases are frequent among those occurring in early life that is, before 30 years of age. Kuttner (*Berlin Klinik Wochschr.* x 44; 840) believes cancer occurs quite frequently in earlier life, and that it is often incorrectly diagnosticated.

Loss of energy, strength, and weight are usually early symptoms, occurring even before pain and vomiting. They are very suggestive if they are progressive, even under careful treatment. Anemia is usually associated with them and adds to their significance; it is probably often due to occult bleeding.

THE OBJECTIVE SYMPTOMS.

I. *Physical Examination*—In making an examination, due care should be taken to have the patient facing a good light, lying evenly on the back, with the chest and abdomen well exposed. Failure in discovering a tumor, even by good physicians, is not rarely due to want of observance of these obvious precautions. At this early stage there are rarely signs of a tumor, as one has not yet formed, but there may be signs of spasm of the walls of the stomach, as described by Cruveilhier over fifty years ago, and to which Boas has drawn attention anew, under the designation of "gastric rigidity." When present it is at first so slight as only to be felt by the hand, placed below the left costal margin, as a faint contraction of the fundus, and lasting only a moment. Later, as the contractions become more marked and rigid, they cannot only be felt, but the abdominal wall if thin can be seen to rise as a slight mound, which after a brief period disappears. When so marked as this, it gives the patient a sensation of spasm

and may cause an audible gurgling sound as it disappears. For obvious reasons rigidity does not occur when the stomach is empty and is most marked if it be moderately full. It recurs at variable intervals and may usually be excited by friction especially by the cold hand. Gastric rigidity is a sign of much diagnostic value, as it indicates forcible contraction of the fundus excited by obstruction at the pylorus. It may begin fairly early, after the obstruction has developed, probably while the disease is still localised in most cases, and in time to permit of successful resection of the pylorus infection of the lymphatic glands not having yet occurred.

The stomach should be inflated in order to determine its size, position, and relation to other organs, and to a tumor if such exists. The colon should also be inflated, especially if there is a tumor of uncertain attachments. Inflation may enable us to determine the seat of the tumor, those in the pylorus before adhesion forms being movable, while in the lesser curvature they are relatively fixed. The supraclavicular glands are found enlarged in some cases, but rarely in the early stage.

2. *Examination of Gastric Contents.*—One of the most important steps is the examination of the contents of the stomach, under varying conditions, to determine the promptness of discharge of the food, the powers and rapidity of digestion, the degree of HCL secretion, the quantity of mucus present, and whether lactic acid, blood (evident or occult), pus, and tumor particles are to be found.

Free hydrochloric acid is nearly always absent in gastric cancer, even at an early stage, but it is absent also in too many people under varying circumstances to render its absence in suspected cancer more than suggestive. It is often absent in various nervous disturbances, as hysteria and neurasthenia; also in some cases of chronic gastritis and in atrophy of the gastric membrane.

In cases in which free hydrochloric acid persists, the cancer is usually regarded as forming on the base of a peptic ulcer. But excess of hydrochloric acid can scarcely confer immunity from cancer, although the acid disappears in most cases soon after the cancer begins. Three cases were cited in which free hydrochloric acid persisted almost until death, and in none of them were there any signs significant of ulceration. In one in which gastroenterostomy was done eighteen months before death the stomach wall was quite healthy. A few years ago absence of hydrochloric acid was regarded as almost a pathognomonic sign of cancer, now many regard it as of no value.

Like extreme views generally, both of these are wrong. Absence of HCL is a valuable sign in association with others, but

it is only one of many we have to consider in determining the condition in any given case. The constant presence of lactic acid is strongly indicative of the existence of gastric cancer, but it does not occur until a late stage of the disease. It may be found in other diseases than cancer, but rarely if ever constantly or in copious quantities. It is found in from 75 to 90 per cent. of cases, so that "its presence speaks strongly for the existence, but its absence has no weight in favor of the absence of cancer" (Osler and McCrae). It does not appear in free quantities until hydrochloric acid disappears, and by this time there is more or less stasis of food in the stomach, and probably some degree of ulceration has taken place.

In the case of a man aged 53, with much mucus in the gastric secretion and with epigastric distress, lactic acid was present even in the fasting stomach in the morning. The protracted history of dyspepsia and the existence of chronic catarrhal inflammation rendered a diagnosis of cancer improbable. The distress was thought to be due to perigastric adhesions, and exploratory laparotomy was done in order to break them up, and if necessary to perform gastroenterostomy. Two bands of adhesions were found near the pylorus; the removal of these was deemed sufficient. He was, when dismissed, not much improved but the lactic acid had disappeared from the gastric contents.

3. *Microscopical examination* — This is of great importance, When lactic acid is constantly present, the long bacillus first described by Boas and later and more fully by Oppler, is usually found. The precipitate of the stomach contents is best examined by being spread between two plates of glass; if held against a dark background, the solid particles can be readily seen and removed for examination. The eye of the stomach tube should also be searched for any adherent particles, as well as the material got from the tube. If nothing has been obtained from the stomach it is important, in withdrawing the tube, to compress it with the fingers, so that any contents or particles lodged in it may be obtained for examination. If ulceration has begun, pus, blood corpuscles, and bacteria, as well as small particles of tissue from the base or sides of the ulcer may be found; the latter may be so characteristic as to render an exact diagnosis possible. The odor of a particle in the eye of the tube, if fetid, may give a valuable clue.

The persistent presence of blood is a sign of ulceration. It points strongly to cancer, if associated with retention of gastric contents and defective gastric secretion. The blood should be sought for microscopically and chemically, in both stomach contents and feces. Its constant absence is strong evidence against the existence of cancer.

The motor function of the stomach deserves careful consideration. It may remain nearly normal to the end. The testing should be under identical conditions. The best course is to give an abundant meal in the evening and make an examination in the morning, a tube being passed to evacuate the stomach contents, after which the stomach should be washed out to make certain that it is quite empty.

The presence of even minute quantities of blood with pus in the contents of the fasting stomach, or of pus alone, or mixed with mucus, especially if present on repeated examinations, renders the existence of cancer almost certain. Salomon's albumin test is regarded as reliable by those who have used it. Kuttner from an extensive experience confirms its value. It is carried out by giving the patient a fluid meal, free from albuminoids, at noon and thoroughly washing out the stomach in the evening. Next morning the fasting stomach is rinsed out several times with 12 ounces (400 cc's) of physiological salt solution, the solution being poured into, and syphoned out of, the stomach several times. The solution is then tested for albumin with Esbach's fluid. If it becomes opalescent from a flaky precipitate, the presence of albumin is demonstrated, and the existence of cancer practically confirmed. The presence of albumin is possible in simple gastritis, but Kuttner in his large experience has not met with it. That the sign is an early one is doubtful, and it is therefore not probable that it will aid in the early diagnosis:

One other method remains to be discussed, that is, the exposure of the stomach by a small incision—exploratory laparotomy. By this means not only can the condition be definitely determined in most cases, but the removal of the diseased part proceeded with, where such is advisable. To operate simply for diagnosis is, to my mind, never justifiable; to do so without having thoroughly exhausted every other means is to be unreservedly condemned. Operation should not be undertaken unless the signs distinctly indicate the organ that is affected. No "roving commission inside the abdomen" is ever justifiable, nor is operation for diagnosis in any case of advanced carcinoma, except for the relief of such conditions as gastric stasis. The aid of the surgeon should not be suggested even to our own minds until we have exhausted every means that can aid in making a diagnosis. The examinations should be full and complete, omitting no investigation that can aid in determining the condition, and they should be done promptly, without any unnecessary delay. In cases of doubt the examinations should be repeated in some cases several times, with our minds as unbiased as if the case were a new one, as we are often led astray by the impressions already formed.

A great obstacle to laparotomy for treatment and diagnosis is the objection of the patient to it; but there is another, and that is, the hesitancy, if not the repugnance, of the physician himself. The patient's objection is often but the reflex of that of the physician. The best means to overcome both lies in the making of prompt, full, and repeated examinations, so that a definite conclusion as to the necessity to act, may be arrived at without undue delay. If such a course were generally pursued we, as well as the public, would gradually become educated in the importance of such a rational course, with the result that an increasing number of cases would be permanently relieved.

The most important step toward an early diagnosis is the arousing of our suspicions; once they are aroused, to delay full investigation when possible, would be criminal. To carry out these principles, it will be necessary to operate in all cases of gastric ulcer resisting treatment, especially after middle-life, and in those showing signs of pyloric stenosis. Even in early life it is the best course in obstinate cases. In the hands of those specially trained in gastric surgery, the results in recent years show wonderfully great success and low mortality. But operation should be advised only after the most thorough examination, and this requires fully as expert knowledge as does the operation.

In the stomach troubles of patients over 40 years of age, especially beginning after that age, we should not rest content until the diagnosis is reasonably certain that cancer does or does not exist. If the profession were fully alive to the great importance and urgency of the matter, early diagnosis would become more and more frequent. As there are no pathognomonic signs of cancer of the stomach, it is rarely possible to make more than a probable diagnosis and for this, full and repeated examinations are usually necessary. An early diagnosis is urgent as neighboring glands are liable to become infected.

151 BLOOR STREET.

A Case of *Dibotrocephalus Latus* Infection¹

By CHARLES O. BOSWELL, M. D., Rochester, N. Y.

THE opportunity of presenting this case is due to the courtesy of Dr. Milton Chapman, one of the laboratory staff of the Rochester City Hospital, through whom the patient was admitted to the hospital ward, he having seen the woman previous to her admission.

1. Read at the fortieth annual meeting of the Medical Association of Central New York, held at Rochester, October 15, 1907.

CASE.—Mrs. L. V. Russian Jew, aged 19; admitted to the Rochester City Hospital, May 20, 1907. The history was obtained with difficulty through an interpreter.

She claims she was always well until a few weeks ago. Was married some six months before entering hospital. About six weeks previous to admission, while on shipboard, thought she had miscarried. Two weeks previous to admission complained of abdominal pain, flowing, some pelvic pain, worse on urination, some nausea and vomiting, some diarrhea with a little blood in the stools.

General appearance.—Fairly well nourished, rather sallow, tongue coated; heart accentuated second sound at the mitral valve. Liver somewhat enlarged, palpable below free border of ribs. Left Fallopiian tube enlarged. On admission to ward pulse, 120; temp., 99°; respiration, 20. Evidence of ischiorectal abscess present. A blood examination was made on May 26, with the following result:

Red Cells.....	4,270,000
White Cells.....	9,600
Hemoglobin.....	95%

Differential count:

		Per cent
Small Monoblasts.....	38	12.1
Large Monoblasts.....	21	6.6
Polymorphonuclears.....	240	76.4
Mast Cells.....	2	.6
Eosins.....	13	4.1
	314	99.9

Red cells slightly pale.

On examination of feces large numbers of eggs of an intestinal parasite were found. During the evening of June 1, she was given 1 dram of oleresin of aspidium, in combination with 1 ounce of sulphate of magnesia. About two hours later a large tapeworm which on examination proved to be a dibotrocephalus latus was expelled. This worm was about eight meters in length, but the head was not certainly identified.

Another blood count on June 3, gave this result: Red cells, 4,275,000; white cells, 10,660; hemoglobin, 90%.

Differential count:

		Per cent
Small Monoblasts.....	60	20.0
Large Monoblasts.....	20	6.6
Polymorphonuclears.....	207	69.0
Mast Cells.....	1	.3
Eosins.....	12	4.0
	300	99.9

The patient was shortly afterward discharged and Dr. Chapman reports that she seems in good health at present.

This tapeworm is extremely rare in the United States. There having been but thirty cases reported according to Stiles, quoted from Osler's System of Medicine. It is, however, very common in some parts of Europe, especially in those regions where raw or partially cooked fish form no inconsiderable part of the dietary. Accordingly we find it most commonly about the Baltic, Provinces of Prussia and Russia. Around the Swiss lakes and in parts of Ireland, so that it has also been called the Irish tapeworm. All reported cases in the United States have occurred in immigrants from these regions.

This worm is the largest of the tapeworms. It has a length of from 8 to 10 meters and presents as many as 3,000 to 4,000 segments, each of which are 25x4 mm. long by 8x14 mm. broad. The head is almond shaped, has no hooks but two longitudinal grooves believed to represent suckers. The neck is very short and narrow. The uterus is distinctly rosette shaped, this radiating structure serving to differentiate it clearly from the transverse arrangement of this organ in the *Tenia solium* and *T. saginata*. Abortive and misformed segments are so common as to be considered a distinctive feature of this worm. Usually but a single worm is present, although at times a multiple infection occurs, as many as five different parasites having been determined. In these cases of multiple infection the different worms are of a much shorter length as a rule; although in Willson's case, which will be quoted later, he recovered at least two worms, neither of which could be less than 35 feet long. Simon is authority for a case in which 100 different worms were present at once. This worm has been found capable of reproducing as many as twenty to thirty segments per day.

The eggs are oval, .06-.07 mm. long x .045 mm. broad, have a brownish envelope with a little lid at the anterior end. The larva which are round, and ciliated and provided with six hooklets, pass out through this lid as soon as the eggs have been deposited in water. They soon develop into the measles stage or pliceroid, a small worm, which when eaten by certain fish, especially the pike, perch, and salmon, pass from the intestine of the fish into its muscles. When such infected fish are eaten by man the adult worm develops in the human intestine. No cysticercus stage has been noted in man. Dogs and cats and even foxes, are known to be occasional hosts of this parasite.

Symptoms.—There are no symptoms peculiar to this form of worm other than those of any tapeworm infection, except that it is more liable than any other cestode to produce a severe anemia. This point will be discussed later.

Diagnosis.—This, of course, must rest chiefly upon recognising the segments which may be passed at stool. Strümpell states

that this occurs most often in the spring and fall, but no other authorities make such a claim. The eggs are usually abundantly present in the stool and if recognised make the diagnosis certain, but this is not an easy matter to the unfamiliar person. The practical point in diagnosis is that all seeming cases of pernicious anemia should have an examination of the stool made in order to exclude not only this parasite, but several others whose presence may also profoundly influence the blood picture, an anthelmintic being first given.

Duration of infection.—This worm may live in the intestinal tract for a long time. Ward reports one case where the worm was known to be present for thirty-five years, and in Willson's case this was known to be present at least fifteen years.

Historical sketch.—This worm was first described in 1603, but very early medical writings distinguish a broad tapeworm. Sommer and Lander's first worked out its anatomy in 1872. The first recorded case in this country, as far as known, was reported in 1879 by Walker and Leidy. An excellent article in the *American Journal of the Medical Sciences*, 1902, by Willson, of Philadelphia, gives the best available description of this infection and I will take the liberty of referring to it very fully.

He reports a case treated by him at the Pennsylvania Hospital in 1899. The patient was an immigrant from the Baltic provinces. From this case he recovered what seemed to him to indicate probably three worms, but only two heads were determined. In all there were about 27 metres of worm recovered. The patient's blood never showed any marked anemia, but there and of the eosinophiles, but the exact figures are not stated. (This was a proportionate increase both of the polymorphonuclears and of the eosinophiles, but the exact figures are not stated. (This is the case where the infection was known to be present for fifteen years).

Anemia.—As has been mentioned there is in some cases of this infection a very pronounced anemia which may exactly simulate both in absolute values and morphologically the blood picture considered representative of pernicious anemia. Even the post mortem changes of this latter disease has been noted. Emerson of Johns Hopkins Hospital in his textbook on Clinical Diagnosis gives as the average red count 1,300,000 with limits of 3,950,000 to 2,950,000. The majority of the nucleated red cells are of the variety known as megaloblasts. All writers agree that the blood picture improves very rapidly when even a part of the worm is expelled.

Naturally there has been considerable discussion as to why in some cases there should be such a tremendous blood destruction while, again, other cases show no appreciable change. Schapiro

in a number of the *Zeitschrift für Klinische Medizin* for 1886, held that some toxic substance existed in the worm and was responsible for the hemolysis. It has even been suggested that this hypothetical toxin exerted its effect primarily on the bone marrow. Emerson also holds this view. Schauman and Tollquist extracted from the body of one of these worms a substance which when injected into dogs had a marked hemolytic effect.

The influence of hemorrhage in producing this anemia may be briefly discussed. The amount of blood in the stools is rarely present in any considerable amount, even if present at all. Of course, repeated small and concealed hemorrhages may be occurring but the hemorrhagic anemias are of the chlorotic type and the nucleated red cells are normoblasts, not megaloblasts. One feature of the blood picture worthy of mention is that an eosinophilia is not seen in these cases, whereas it is not uncommon in other intestinal infections by the beef and fish tapeworm, and especially in cases of hookworm infection. Ward explains this by assuming that the *dibotrocephalus* has not a chemiotactic influence for eosinophiles.

The claims of the followers of the toxin theory for these anemias are open to many criticisms. The lack of anemia in many cases and the absolute independence of this feature on the length or plurality of the infection, has led to many attempted explanations. Dehio assumed that in these cases the worm must be dead or diseased, but this claim has not been established, and would be very difficult to prove. Willson would account for the anemia in this way. The intestines have a certain function in preparing substances for the use of the blood-making organs. Now, either the presence of this worm, or the nervous shock of the knowledge of its presence, interferes with this function; as a result the manufacture of substances usually produced for this end by the glands of the digestive tract ceases. Again, a certain toxic substance always present in the intestinal tract takes on a greater virulence as the result of the growth of the worm, and this works deleteriously on the blood-forming organs, or, again, the worm takes to itself a great deal of the nutriment meant for its host. He argues in favor of this view—that the prompt recovery of the patient's blood as soon as even part of the worm has been expelled, is incompatible with the length of time that would be needed to enable it to recover from an absorption of a toxin, were one formed by the worm.

This theory states, in other words, that the worm acts in part mechanically and in part also a true parasite, in that it consumes substances needful for its host. When the parasite has been expelled the intestines reassume their proper function. It does

not seem that this theory explains very much better than some previous ones. Is it allowable to assume that some individuals may possess as it were a partial or even a complete immunity to such parasites? Of course, there are plenty of analogies drawn from other diseases due to living agents which can be called upon to strengthen such a view but reasoning from analogies is particularly fallacious in medicine. Another objection is, that while Willson states that recovery even after partial expulsion of the worm is too prompt to allow of the recovery from a toxemia if such is assumed to have been established he does not hesitate to assume that the increased virulence of some unknown and problematic intestinal metabolism which he has in mind, is conveniently and promptly done away with. Is it not just as reasonable to dispute both promises as to allow of the one fitting his view? Certainly no intestinal product which can produce the tremendous alteration in the blood seen in pernicious anemia has yet been found.

Prophylaxis.—With the steady increase of immigrants into this country from infected regions, bringing not only the means of further propagating this disease but also their unhygienic modes of life, made even worse by their close segregation in our larger cities, it is very probable that this disease will soon cease to be rare in the United States unless it be recognised and proper care in the disposal of feces be assured.

41 GIBBS STREET.

SOCIETY PROCEEDINGS.

Medical Association of Central New York

REPORTED BY C. A. GREENLEAF, M. D., Secretary

EDITED BY WILLIAM C. KRAUSS, M. D.

THE fortieth annual meeting of the Medical Association of Central New York, was held on October 15, 1907, at the Genesee Valley Club, Rochester, N. Y., and the morning session was called to order at 10.25 A. M., by the president, Dr. W. B. Jones of Rochester.

It was moved and seconded that the reading of the minutes of the last meeting be omitted and that they be approved as printed. Carried.

The report of the treasurer, Dr. Wm. M. BROWN, was presented and on motion made, seconded and carried.

With Dr. Chas. A. Vander Beek in the chair, the president, Dr. W. B. Jones delivered his address. Published in the January number of the JOURNAL.

Dr. Henry L. Elsner of Syracuse, read a paper entitled: Two Clinical Reports; (a) A Symmetrical Hyperostosis; (b) Spinal Hemorrhage.

DISCUSSION.

DR. A. MCPHEDRAN of Toronto, Canada: Although I have been much interested in the presentation of these clinical reports by Dr. Elsner, I will not take up your time in their discussion for the reason that I have not for some time done any special work along these lines. I may say, however, concerning the second case, that we cannot clear such cases up too quickly. It may have been, it seems to me, one of infection. Was there not some disturbance of temperature pointing to acute infection? The loss of sphincter control is to be accounted for either by pressure or destruction of cord substance.

DR. C. A. VANDER BEEK of Rochester: I should like to call attention to a case similar to the first described by Dr. Elsner. She was an old woman who was frequently to be seen in the streets of Rochester some years ago. My attention was called to the case by our president, Dr. W. B. Jones, and I subsequently succeeded in obtaining some excellent photographs and, finally, an autopsy. The woman was 62 years old and had had three children. A diagnosis of hydrocephalus had been made by one of our older physicians (since dead) and this diagnosis had stood unchallenged for twenty years. The physicians who had made and acquiesced in this diagnosis had failed to recognise the important fact that the muscles of the neck were small and that the movements of the head were made quickly and with apparent ease. This was one of the first points which aroused my suspicions as to the accuracy of the former opinions. The head was not exactly symmetrical, there were bony ridges on both sides, but they were more pronounced on one side. The facial bones were not enlarged—only the cranial. A superficial post mortem showed no enlargement of the brain cavity, but the thickening of the skull was remarkable. Microscopically there was nothing wrong with the brain.

The reflexes in this patient were perfect, but her vision was not good and she had been deaf for years. These sense impairments together with her disfigurement lead naturally to a mental isolation with a resulting paucity of ideas.

I removed a section from the posterior skull and it measured two inches in thickness. The temporal thickness was an inch and a quarter. This increased thickness was due entirely to the cancellous tissue between the tables, these latter being exceedingly thin.

DR. E. B. ANGELL of Rochester: I should like to say a few words emphasising certain features of cases like the second reported by Dr. Elsner. In traumatic neuroses the general practitioner does not seem to realise how severe an injury it takes to produce actual destruction of the spinal cord. The diagnosis of hemorrhage would be enough without regard to whether the hemorrhage was within or around the cord. I am rather inclined to hesitate to accept such diagnosis in this case, on account of the promptness of the recovery. There ought to be an excessive knee jerk in these cases although this is not important.

DR. M. M. LUCID of Cortland: I had a case similar to the last one, which was presumably one of hemorrhage of the cord. Although Dr. Elsner's case was of only a few months duration, mine extended over a period of two years. There is certainly reason for Dr. Elsner's suggestion as to the ignorance with which many of these cases are handled. In my case there was a complicating circumstance of a \$5,000 claim.

DR. H. L. ELSNER of Syracuse: It undoubtedly makes a great difference with the prognosis whether there is the question of settlement by a corporation or whether there is no legal action pending, that is if there are no true organic changes. Dr. Lucid's case was supposed to be a fracture of the spine from a fall on a side-walk. You can locate the spinal lesion and then when the patient sues for \$20,000 or \$30,000, be sure whether or no you have extra symptoms which do not fit in. We were put on the stand against a man who had studied his case well, in general, but who had no symptoms justifying a localisation in the region where the supposed disease was situated.

I entirely agree with Dr. Angell that it makes no difference whether the hemorrhage was in or around the cord.

In my case there was no question of a money settlement involved. This is, indeed, a broad subject, but let us hold fast to one fact—we must study the functions of the cord, and this can be done with the aid of electricity.

In answer to Dr. McPhedron's suggestion as to the possibility of infection as an etiological consideration, I would state that there were no symptoms of infection present.

I would call attention to the fact that in the case described by Dr. Van der Beek, the vision and hearing were affected, this is usual in these cases. Furthermore, the changes in the bony structure are, as noted by him, usually between the tables. In some cases cysts form in the bone. We will keep an eye on this woman and hope that we may be able to give a microscopical picture of the structural changes.

An Intraperitoneal Method for the Radical Cure of Abdominal Hernias, by M. M. Lucid, Cortland, was then read.

DISCUSSION.

DR. JAMES H. LEARY of Rush: This is certainly a very pretty operation. One difficulty suggests itself to me in rotation to the operation as described by Dr. Lucid. How is it possible to bring the flap out from the ring after it is formed? After the peritoneum is passed out, how is one to pull back the sac once passed out, and it must be dissected out.

DR. M. M. LUCID of Cortland: The operation applies to small hernias and those which are reducible and in which the sac is free or with adhesions, which are usually slight and may be easily broken up.

The Status of Surgical Treatment of General Septic Peritonitis, by J. Wesley Bovee, Washington, D. C. Published in February number of the JOURNAL.

DISCUSSION.

DR. PARKER SYMS of New York City: I have been greatly interested in Dr. Bovee's able treatment of this important subject. A few years ago, I presented a report of all the cases of appendicitis treated in Lebanon Hospital. The rule there was to operate unless the patient was absolutely moribund. My idea in going into this investigation was to find out the opinion on the Ochsner treatment. This seemed to me irrational. His plan was absolute suspension of food in the stomach, rest and rectal enema—and he reported excellent results. He operates after the attack. If they recover, then operate. The consensus of opinion, however, was to operate *at once* on all cases. My own experience agrees almost entirely with that of Dr. Bovee. To my mind the important points are to operate rapidly, to remove the organ when practicable and drain. The after treatment is essentially that of Ochsner—keeping the stomach at rest for forty-eight hours, rectal feeding and saline injections or seeping in. Except in certain circumstances we use the Fowler posture.

DR. W. B. JOHNSON of Batavia: I have been present at many discussions of peritonitis in the past ten years and have come away with various opinions. I was at Saratoga in 1902. I came home, had two cases and lost them both. Had sixty before that. Then in the next six I lost two. Then I went to Toronto and came home with the "let alone" treatment—and lost the first case. What we must have in these cases is a differential diagnosis from the bacteriological point of view—and we want it before the post mortem, too. We should carry the culture tube to our operations

just as we do the scalpel. Another important point is as to how quickly we get in. If we operate late, there is a large dose of toxins and we are unfortunate.

DR. L. W. ROSE of Rochester: I would like to ask Dr. Bovee to outline his method in cases of septic peritonitis in which the avenue of infection is through the vagina and uterus.

DR. BOVEE of Washington, D. C.: I decide according to the peculiarities of each case. If the pus is high, then I enter by the abdominal route as the infection dies out. If the infection is gonorrheal, I usually remove the infected part per vaginam. If the infection is acute, I usually let alone, unless there are urgent symptoms. I have not heard a great deal of the medical treatment, but have seen evidences of a live interest in it.

A Case of *Dibotrocephalus Latus* Infection with specimen, by Dr. Charles O. Boswell, Rochester. Published in April number of the JOURNAL.

DISCUSSION.

DR. CHARLES G. STOCKTON of Buffalo: I would like to ask the doctor what the degree of eosinophilia was in his case?

DR. CHAS. O. BOSWELL of Rochester: It was not more than five per cent.

DR. CHARLES G. STOCKTON of Buffalo: I now think that we are not giving enough attention to blood examinations in this class of cases. One family in particular has driven me to look into this matter. The father was under my care for six months and then had an attack of appendicitis, after which he went abroad and heard of Ehrlich. Ehrlich found *Lumbracoides*. One son had eight ova. Another son has six per cent. of eosins and I am now looking for ova. My attention was called to the case by the appendix. The patient is persuaded that the worms were the cause of the appendicitis, and I am not at all sure that he is wrong.

Finally I would emphasise the importance of studying the blood for evidences of parasites.

DR. A. MCPHEDRAN of Toronto, Canada: I have seen two patients under two years who were supposed to have typhoid. There was no leucocytosis—nothing found. A colleague observed the case, diagnosed round worm and gave *santonin* with relief. The other case, investigated by the house physician had a similar history.

DR. CHAS. O. BOSWELL of Rochester: I wish to thank the gentlemen for their kindly discussion of my paper. The question of the indefinite effects frequently following in the train of parasites covers a large field. Wherever there is an increase in the percentage of eosinophilia the stools should be examined. In my

case the eosins were normal. Whenever we think we have a case of pernicious anemia we should examine the stools.

This class of cases is much more common in American than is generally supposed.

The Opium Treatment of Peritonitis, by Charles G. Stockton, Buffalo. Published in the February number of the JOURNAL.

DISCUSSION.

DR. BOVEE of Washington, D. C.: I wish to thank the society for the opportunity for this exchange of views on so important a subject, but there is little real difference between Dr. Stockton and myself. I mentioned cases similar to those alluded to by him. I do hesitate about giving large doses of opium on account of their stimulating effect on the kidneys. One of the great troubles with these toxemias is the attendant nephritis, and for this reason I have been inclined to consider opium harmful.

DR. CHAS. R. BARBER of Rochester: I was sorry not to have heard the whole presentation of this subject, but I have heard the latter part of the discussion and it has appealed to me as rare good sense. The treatment of peritonitis is a game of finesse and certain cases are only to be treated successfully with opium—otherwise they go on to death. I have had some little experience with these cases and formerly used to favor opening them all, but the results in the main were not encouraging. Then with change of method, I had three cases of septic peritonitis and they all recovered. I lock up the bowels for a week, if necessary.

DR. W. L. WALLACE of Syracuse: In certain stages of some cases it is extremely dangerous to operate—then again, it is dangerous to lock up the bowels. When patients die of septicemic poisoning the result follows from the overloading of the system and kidneys with toxins. If the patient comes a little bit early for successful operation, I give a heroic dose of opium and then operate without anesthetic.

DR. CHARLES G. STOCKTON of Buffalo: I have been greatly pleased that this discussion has taken place because it enables me to combat an opinion concerning the use of opium in peritonitis which seems to me erroneous, and I wish to thank Dr. Bovee for his clear exposition of the subject. In the main we agree but we differ absolutely on one point. Now, what is the effect of abdominal shock on the kidneys, bowels, elimination, etc? The bowels are in a state of spasm and conditions are not favorable for elimination through the kidneys. Under such conditions opium helps rather than hinders elimination. The effect of opium in such conditions is very different from its ordinary effect.

Take salt solution or strychnia, for example—they are ineffective in shock in these cases. You must remove the cause of irritation to the splanchnics. And let me emphasise the fact that I refer in this connection not to the use of opium in small doses nor in moderate doses but in heroic doses. I think that in ordinary doses, the use of opium does more harm than good. If you use opium at all in these cases, give it in the largest safe dose and keep the patient under its influence. I have seen severe cases of septic peritonitis recover on this opium treatment. I may seem unduly enthusiastic in this matter because of the poor success of those who *will not* try opium in these large doses.

DR. J. WESLEY BOVEE of Washington, D. C.: I wish to call attention to one point on which I must differ from Dr. Stockton. In my opinion, shock from whatever cause is best treated with salt solution.

The two following papers were read and discussion of both papers followed:

The Early Diagnosis of Gastric Cancer, by A. McPhedran, Toronto, Canada. Published in the April number of the JOURNAL.

Report of a Case of Partial Gastrectomy—Presentation of Patient, by Thomas Jameson, Rochester, N. Y.

DISCUSSION.

DR. ALLEN A. JONES of Buffalo: This has indeed been a delightful dissertation and eminently practical, especially as to the presence of hydrochloric acid in carcinoma. I have had a number of these cases in the past few years, and some illustrate the clinical fact that there is a transition from gastric ulcer into carcinoma. Gastric ulcer is certainly a predisposing cause to carcinoma. Some of these cases show an excess of hydrochloric acid with no Oppler-Boas bacilli present. Unless operative measures are employed the hydrochloric acid fails with the development of lactic acid. Dr. McPhedran's case was interesting as an representative case. What we need in these cases is the closest study and then insistence upon operation. What the pathological condition was that induced the lactic acid, Dr. McPhedran did not state, but one would expect to find a number of lactic acid bacilli present.

DR. CHAS. G. STOCKTON of Buffalo: The admirable paper of Dr. McPhedran's recalls to my mind several like cases of gastric disease in which three or four conditions were present calling for differential diagnosis. The common difficulty in such cases is the lack of frequent examinations of the stomach contents. Each time you make such careful examination you get

a little nearer to an accurate diagnosis and finally you are able to say that the case is one of gastritis, or of cancer or whatever the actual condition may be. These final approaches are to be made only by repeated and careful examinations made day after day.

DR. L. W. ROSE of Rochester: Dr. McPhedran has given us a number of good points concerning the early diagnosis of gastric cancer. He also has called the surgeon to account for not making a diagnosis before operating.

When the trained internist with the aid of the modern physiological chemist has been in so many instances unable to give an early positive diagnosis, and when he is present and witnesses the gross pathology shown by an exploratory incision and still hesitates, and furthermore, when the pathological area is removed and submitted to the microscopist, and he also expresses a doubt as to the nature of the lesion—then, it seems to me that the internist should not only welcome but insist upon an early exploratory incision.

DR. J. E. WALKER of Hornell: I think that Dr. Jameson should consider it a subject for congratulation that he was not able to present his patient. When it is stated that in spite of the fact that the tumor was so far advanced at the time of operation, and that the patient is now walking about the streets so that he cannot be found, enough has been said as to the entire success of the operation.

DR. A. MCPHEDRAN of Toronto: I will not further trespass on your time. Everything said has been kind and commendatory. I might say a few words on one point—as to whether the power of digestion is not more important than the amount of hydrochloric acid. I take it that the power of digestion includes both the chemical changes, and the mechanical ability of the stomach to empty itself. If the stomach retains the food, it has not performed its whole function. With regard to the causal relation between gastric ulcer and cancer, I would suggest that every cancer is preceded by something, but I do not believe that so large a proportion are preceded by ulcer. Hyperacidity is extremely common. Why should not these cases develop cancer? There are plenty of abrasions as nuclei for the malignant growth. I wish to emphasise the suggestion of Dr. Stockton, as to the necessity for examinations of the stomach contents, repeated again and again. The patients will not object—they will consent to anything in reason.

Danger of Pregnancy following Operations for Cancer of the Breast, by William S. Cheesman, Auburn. Published in January number of the JOURNAL.

Acinitis Prostatica, J. Henry Dowd, Buffalo. Published in December number of the JOURNAL.

Prostatectomy—Indications for Operation with remarks on the Technic of a Method of Operating, by Parker Syms, New York City.

DISCUSSION.

DR. J. HENRY DOWD of Buffalo: I was pleased to hear what Dr. Syms had to say as to the harm done in these cases by the use of steel catheters and similar instruments. Much damage is certainly done in this way. These instruments are poked through the prostate in all directions. I would make just one criticism on Dr. Syms's presentation of the subject—he made these operations seem too easy. I have done fifty or sixty of them, but when the ordinary physician gets into this region he is entirely in the dark. We used to be able to count the Buffalo physicians who did this work on our fingers, but now they are as numerous as the hairs of the head. I have in mind now one man who operated on one of these cases with the result that the water ran straight through into the rectum. I have gone in there twice since in an effort to repair the damage.

DR. W. B. JONES of Rochester: Water certainly does run down hill and for this reason, among others, I consider the perineal route the best. The rubber retractor of Dr. Syms is as far ahead of metal retractors as can be imagined, and with it injuries to the rectum are much less likely.

There have been fifty or sixty of these cases around here. Dr. Byam who has had this same operation, came here to tell us his experience, and he has read a paper before a neighboring county society, advising all suffering from similar conditions to secure relief in this operation of Dr. Syms.

DR. W. B. JOHNSON of Batavia: I would like to make one suggestion in regard to the rubber retractor—always test it before operating. I have had occasion to operate with one and the bulb came off.

DR. PARKER SYMS of New York City: I thank the doctor for suggesting that warning. Some of the earlier retractors were improperly made and the bulbs came off easily. And furthermore, rubber deteriorates with age, so that it is always wise to make sure before operating that the retractor is in good condition.

The following papers were then read: The Relation of Hyperchlorhydria to the Nestor Function of the Stomach, by Allen A. Jones, of Buffalo. Published in the January number of the JOURNAL.

Some Atypical Cases of Varicella, by A. Wood Ruggles of Rochester, N. Y.:

The afternoon session was called to order at 2.37 P. M., by the president Dr. W. B. Jones.

Under the head of Miscellaneous Business, Dr. Clarence A. Greenleaf, secretary, read a correspondence concerning a proposed amalgamation between the district branches of the State Society and the Medical Association of Central New York.

It was moved and seconded that the report of Dr. Greenleaf be received. Carried.

The correspondence follows:

Albany, N. Y., July 30, 1907.

DR. C. A. GREENLEAF, Canoga:

Dear Doctor—This is what lies in my mind regarding the relations between the State society organisations and existing voluntary societies covering a district of several counties. The contemplation of the former is to have in addition to the one general society, with its work including an annual meeting in Albany, a number of local societies which will be mainly for the purpose of providing for each a scientific and social meeting in the fall of the men of an area of a few counties. To this end the State is divided into eight districts. Their respective meetings will be conducted by themselves supplemented by the help and contribution of the general society. In this way the work of the State society will be brought nearer to the men of the State, many of whom can participate in its work through this branch society—scientifically, socially, or in whatever way they may desire—who could not reach often the general meeting in the winter. One after another of them will be made very likely a fuller semi-annual meeting of the whole society. Thus the whole medical profession is bound together in an organisation beginning with the county society, the larger district society and the executive body of the State society, membership in one being membership in all, and democratically open to every one.

But the district society is a new comer and has to make its place. It ought to make a good place for itself; but it ought not to compete with existing associations covering similar fields and having a similar purpose. I don't think it ought to crowd in and draw away from these established societies. Indeed, I don't think it can, for these societies, like yours and the association of northern New York, have too strong a hold on their membership. Besides, it is a question whether two bodies covering similar territory and holding fall meetings will exist side by side without detracting from each other. It would appear to me wise if they joined forces. Each has some good of its own; your society has its established clientele, history, and hold on the profession. Ours has its advantage in its relation to the State and county societies and being part of a wider organisation.

If some plan could be devised by which they could be combined and each contribute what it has to give to the union, with-

out giving up anything on the part of either, it would be a good thing

I thought that perhaps you had printed copies of your organisation and constitution, and if so I would be glad to have one.

One difficulty has struck me as possible, viz: that the territory covered would disagree rather radically—that yours may take in parts of our fifth, sixth, and seventh districts. But I wish that my plan might appeal to your members for consideration, and that the wise men might see a way to effect a combination of resources, for it seems to me that variations of whatever sort might be adjusted, whether of territory, name or of organisation. Their ultimate purpose is almost identical.

Yours sincerely,

F. C. CURTIS.

Albany, N. Y., September 14, 1907.

DR. C. A. GREENLEAF,

Secretary, Med. Assoc. Central New York.

Dear Doctor—I thank you very much for the copy of by-laws, which I return. I have hoped for a union of the existing associations covering various parts of the State with our state society branch societies. I think this will be effected with the Medical Association of northern New York, which practically covers the same territory as our fourth branch society.

I see by your by-laws or constitution that your association takes in Onondaga and Oswego of our fifth, Chenango, Cortland, Madison and Chemung, of our sixth, all of our seventh except Steuben and all of our eighth. Thus it could hardly identify itself with any one.

Your body is a delegate body, with permanent members, from county societies, etc., with provision for a hearing from any member of a county society.

You cover too wide a territory to coalesce with one branch society, and are too strong to split up into all four and from what I gather of opinion of some of your members too old and established to give up to us.

It is in my mind desirable, though, that our societies should neither compete nor conflict with yours, and some sort of combination would be for the good of both—to avoid competition, to strengthen us new comers, and to ally yours in a degree with the state society, in the council which the district branch president is a member.

There is one proposition which appears to me easy to effect, involving little change in administration or method, and which will effect the main purpose, which no doubt will appeal to you as desirable. That is, to hold joint meetings. Your constitution provides for meetings in the various large cities. These are in our various districts. Buffalo is in our eighth district, Rochester in the seventh, Syracuse in the sixth, Auburn is also in the seventh, but if you had a membership sufficient in Elmira, that

would be in our sixth. However, such a change is not important and perhaps not desirable, for Auburn is equally good, and three or four years no doubt elapse between it and Rochester as a place of meeting.

Having a common time and place of meeting, say at Syracuse, each body could hold its executive session apart and then join in the scientific meeting. The presidents of the two bodies could appoint a joint business committee. Each president could preside by arrangement at different sessions. I see no reason why, by a joint committee on nomination, the same man could not be made president for the year and likewise the vice-president; such committee could be made up before the meeting by the presidents, the officers nominated being from the districts where the meeting is to be next held. Then with a joint committee on scientific work a practical union of interest and resources could be effected.

Whether a closer union can be effected I do not know. Our branch societies make each its own by-laws subject to approval by the state society. Those affected could frame theirs to conform with this plan and I know no reason why they would not.

Yours very truly,

F. C. CURTIS.

DR. WM. C. KRAUSS of Buffalo: I have been interested in this association of ours for a number of years, and others have seen it grow from small beginnings to its present size and influence. We have had large and enthusiastic meetings like this one, in Syracuse, Auburn and Buffalo. It seems to me that our territory is too wide for amalgamation, and that the *esprit de corps* is too good to justify us in giving up the individuality of the central New York and in allowing it to be split up into various district societies.

DR. HENRY ELSNER of Syracuse: This question is one of vital importance and I agree entirely with the sentiments expressed by Dr. Krauss. This association should continue as a separate society. It should not die. It has been the idea of the district societies to discourage this sort of an organisation, but let us go on as before—and I am certain that the interest will not die out, and that this association will continue to exist and do good work in the future as it has in the past.

DR. SNOW of Batavia: I agree with what has been said by Drs. Krauss and Elsner. I have the honor of being vice-president of the eighth district branch, which includes counties all but three of which are included in this association, and I think that our organisation as it exists today is the better arrangement.

At the suggestion of the president, Dr. W. B. Jones, a motion was made and seconded, that a committee be appointed to draft

a reply to these overtures for amalgamation. Carried. The committee, subsequently announced by the president, consisted of Drs. Young, Miller and Johnson.

Report of committee as follows:

Your committee relative to the communication of the state society concerning the amalgamation of this association with the district branch of the state society, would respectfully report:

That observation indicates that it is the desire of the members of this organisation that it remain distinct and independent of the district organisation of the state society, believing that such union would in no way be of any advantage to the medical profession of central and western New York. Indefinite postponement of this subject is recommended.

It is further recommended that the secretary of this association be authorised to so report to the state society the consensus of opinion of the members of this association.

A. A. YOUNG,
H. B. MILLER,
WM. D. JOHNSON.

The report of the committee on credentials was received and accepted. It follows:

The Committee on Credentials recommend the election to membership of H. J. Knickerbocker, M. D., Geneva, N. Y. On examination we find he was duly recorded as a delegate from the Ontario County Medical Society, for the requisite number of meetings.

EUGENE A. SMITH, Chairman.

The election of officers for the ensuing year resulted as follows: President, C. C. Frederick, M. D., Buffalo; first vice-president, M. P. Conway, M. D., Auburn; second vice-president, A. A. Young, M. D., Newark. The meeting adjourned at 5.30 P. M., to meet in Buffalo, Tuesday, October 20, 1908.

The Rosewell Park Medical Club

REPORTED BY GEORGE F. COTT, M. D., Secretary.

THE fifth meeting of the Roswell Park Medical Club was held March 4, 1908, at the residence of Dr. James E. King. After dinner, reading of minutes having been suspended, Dr. William C. Krauss was presented and read a paper, by invitation, on Spinal Cord Tumors. The paper was illustrated, showing how nerves, motor and sensory, were affected by spinal cord tumors. He stated that during a period of four years he collected eighty-six cases and later added thirty-five more with operation, all the cases reported up to 1903. We knew about spinal cord tumors clinically for Leyden of Berlin and Erb of

Heidelberg, foresaw surgical procedures for their removal. No-body ventured to operate on these cases, however, until Gowers induced Horsely to operate on his case in London in 1888, which was really the first operation. On June 9, 1887, a fibromyxoma, intradural, was removed, and the patient recovered. Bazy had one case November 9, 1886 a Frenchman, age 45, who died three days later of nephritis, but was not reported until 1889.

In 1885, McEwen and 1887, Braus of Germany, also operated for paraplegia due to Potts disease, but not for tumor. Oppenheim reported nine out of fifteen cases operated upon as having been correct in diagnosis, thus showing the difficulty of diagnosis.

May, 1888, Abbe of New York, was the first American to operate for cord tumors. In 1904, Dr. Krauss reported three cases of psuedo tumors which presented all the symptoms of spinal cord tumors, but which finally all vanished suddenly. Hysteria, or a localised serous meningitis was the cause. He also reported a case of myeloma, of which only eight cases are on record; operation and recovery.

In 1892, Dr. Park operated upon a case for Dr. Krauss at the General Hospital. The man lived four months and twenty days. Tumor located at the third cervical segment, the highest point of any case at that time yet found to be operated and live. Died of recurrence. This was an intradural round cell sarcoma, the size of the tip of the little finger. In 1903, Dr. Park operated upon another patient for Dr. Krauss for an intraspinal cyst; removed the cyst and the patient made a very good recovery. Seventeen cases of cysts are on record¹.

In America up to 1903, thirty-three cases of tumors were reported out of a total of eighty-six, twenty extradural, thirteen intradural and three intramedullary.

Forty per cent. recovered or were relieved of cord symptoms, nine improved, ten died at once or within a day or two after operation. These tumors are nowhere so benign as in the cord; not so in the brain, probably due to limited blood and lymph supply. ("Sarcoma of the eye, if early operation, always recovery;" Dr. Bennett).

In only three cases was a second operation necessary to find the tumor. These tumors occur twice as often in males as in females and most often between thirty and forty years. In seven cases accident was the cause of growth.

Important symptoms of cord tumors are: pain, slowly progressive motor paralysis, accompanied by anesthesia exaggerated

1. A third case was diagnosed by Dr. Krauss and operated by Dr. McGuire, at Buffalo General Hospital, early in March, 1908, and found to have been an intramedullary tumor. Patient died shortly after.

tendon reflexes, local tenderness over the spine. Sherrington's multiple distribution of nerve supply from the posterior spinal nerves, bladder and rectal paralysis. The symptoms, of course, depend upon the segment of the cord affected.

After a short discussion Dr. Bentz followed with a paper on, Ophthalmic Tuberculin Test. This was first used by him January 19, 1897, using a $\frac{1}{2}$ to 1 per cent. solution, dropping it in the eye, producing hyperemia in infected individuals. Irritation lasts three to four hours and six to ten hours, and clears up in two or three days.

Dr. Russell tried the ophthalmo-tuberculin fluid test in his own case using Parke, Davis & Company's fluid with positive reaction, and again using as much as one-fourth centigram with no reaction at all.

Dr. Potter said the case of cystitis, reported by Dr. Bentz, gave the positive reaction with the ophthalmo-tuberculin fluid. If we can diagnose typhoid fever in every early case we shall have gained a great step in advance. One case recently had sore throat, which improved suddenly, but temperature kept up. Typhoid was determined at the end of two weeks.

Dr. Bentz reported that Dr. Bolden got 93 per cent. positive results with blood culture, while the Widal test gave but 90 per cent. in the first weeks of the disease. The tuberculin reaction was not reliable in children under two years of age. Scarification and rubbing in tuberculin was practised in Germany and produced good results.

Dr. Bentz in closing said he was unable to explain the discrepancy between his results with the ophthalmo-tuberculin test and those of Dr. Russell.

Dr. King reported for Dr. McKenney a case of narcolepsy.

Dr. King showed a specimen of enlarged and somewhat hardened thymus gland of a child seven months old. Child well until day before death, when it had very little temperature. At half-past four child seemed healthy, but half-past seven became blue with labored respiration and died shortly after. Post-mortem showed large thymus and very large lymph nodes throughout the intestines.

Dr. Russell stated that in case of status lymphaticus nodes are large throughout the body, this stimulates infection which kills quickly and can be introduced by injecting antitoxin which may cause rapid degeneration and in that way explain those occasional sudden deaths in diphtheria.

Dr. Gibson proposed a vote of thanks to Doctors Krauss, Bentz and McKenney for their valuable contributions, which was unanimously adopted.

Prizes on Tuberculosis

THE CENTRAL COMMITTEE OF THE INTERNATIONAL CONGRESS ON TUBERCULOSIS HAS ANNOUNCED THE OFFER OF THE FOLLOWING PRIZES:

I. A prize of \$1,000.00 is offered for the best evidence of effective work in the prevention or relief of tuberculosis by any voluntary association since the last International Congress in 1905. In addition to the prize of \$1,000.00, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

Evidence is to include all forms of printed matter, educational leaflets, etc.; report showing increase of membership, organization, classes reached—such as labor unions, schools, churches, etc.; lectures given; influence in stimulating local boards of health, schools, dispensaries, hospitals for the care of tuberculosis; newspaper clippings of meetings held; methods of raising money; method of keeping accounts.

Each competitor must present a brief or report in printed form. No formal announcement of intention to compete is required.

II. A prize of \$1,000.00 is offered for the best exhibit of an existing sanatorium for the treatment of curable cases of tuberculosis among the working classes. In addition to the prize of \$1,000.00, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

The exhibit must show in detail construction, equipment, management, and results obtained. Each competitor must present a brief or report in printed form.

III. A prize of \$1,000.00 is offered for the best exhibit of a furnished house, for a family or group of families of the working class, designed in the interest of the crusade against tuberculosis. In addition to the prize of \$1,000.00, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award. This prize is designed to stimulate efforts towards securing a maximum of sun-light ventilation, proper heating, and general sanitary arrangement for an inexpensive home. A model of house and furnishing is required. Each competitor must present a brief with drawings, specifications, estimates, etc., with an explanation of points of special excellence. Entry may be made under competitor's own name.

IV. A prize of \$1,000.00 is offered for the best exhibit of a dispensary or kindred institution for the treatment of the tuber-

culous poor. In addition to the prize of \$1,000.00, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

The exhibit must show in detail construction, equipment, management, and results obtained. Each competitor must present a brief or report in printed form.

V. A prize of \$1,000.00 is offered for the best exhibit of a hospital for the treatment of advanced pulmonary tuberculosis. In addition to the prize of \$1,000.00, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

The exhibit must show in detail construction, equipment, management and results obtained. Each competitor must present a brief or report in printed form.

VI. The Hodgkins Fund Prize of \$1,500.00 is offered by the Smithsonian Institution for the best treatise that may be submitted on "The Relation of Atmospheric Air to Tuberculosis."

The detailed definition of this prize may be obtained from the Secretary-General of the International Congress or Secretary of the Smithsonian Institution, Chas. D. Walcott.

VII. Prizes for Educational Leaflets:

A prize of \$100.00 is offered for the best educational leaflet submitted in each of the seven classes defined below. In addition to the prize of \$100.00, a gold medal and two silver medals will be awarded in each class. Each prize and medal will be accompanied by a diploma or certificate of award.

Competitors must be entered under assumed names.

- A. For adults generally (not to exceed 1 000 words).
- B. For teachers (not to exceed 2,000 words).
- C. For mothers (not to exceed 1,000 words).
- D. For in-door workers (not to exceed 1,000 words).
- E. For dairy farmers (not to exceed 1,000 words).
- F. For school children in grammar school grades (not to exceed 500 words).

In classes A, B, C, D, E, and F, brevity of statement without sacrifice of clearness will be of weight in awarding. All leaflets entered must be printed in the form they are designed to take.

- G. Pictorial booklet for school children in primary grades and for the nursery.

Class G. is designed to produce an artistic picture-book for children, extolling the value of fresh air, sun-light, cleanliness, etc., and showing contrasting conditions. "Slovenly Peter" has been suggested as a possible type. Entry may be made in the form of original designs without printing.

VIII. A gold medal and two silver medals are offered for the best exhibits sent in by any States of the United States, illustrating effective organisation for the restriction of tuberculosis. Each medal will be accompanied by a diploma or certificate of award.

IX. A gold medal and two silver medals are offered for the best exhibits sent in by any State or Country (the United State excluded), illustrating effective organisation for the restriction of tuberculosis. Each medal will be accompanied by a diploma or certificate of award.

X. A gold medal and two silver medals are offered for each of the following exhibits; each medal will be accompanied by a diploma or certificate of award; wherever possible each competitor is required to file a brief or printed report:

- A. For the best contribution to the pathological exhibit.
- B. For the best exhibit of laws and ordinances in force June 1, 1908, for the prevention of tuberculosis by any State of the United States. Brief required.
- C. For the best exhibit of laws and ordinances in force June 1, 1908, for the prevention of tuberculosis by any State or Country (the United States excluded). Brief required.
- D. For the best exhibit of laws and ordinances in force June 1, 1908, for the prevention of tuberculosis by any municipality in the world. Brief required.
- E. For the society engaged in the crusade against tuberculosis having the largest membership in relation to population. Brief required.
- F. For the plans which have been proven best for raising money for the crusade against tuberculosis. Brief required.
- G. For the best exhibit of a passenger railway car in the interest of the crusade against tuberculosis. Brief required.
- H. For the best plans for employment for arrested cases of tuberculosis. Brief required.

XI. Prizes of two gold medals and three silver medals will be awarded for the best exhibit of a work-shop or factory in the interest of the crusade against tuberculosis. These medals will be accompanied by diplomas or certificates of award.

The exhibit must show in detail construction, equipment, management, and results obtained. Each competitor must present a brief or report in printed form.

The following constitute the Committee on Prizes:

- DR. CHARLES J. HATFIELD, Philadelphia, *Chairman*
DR. THOMAS G. ASHTON, Philadelphia, *Secretary*
DR. EDWARD R. BALDWIN, Saranac Lake

DR. SHERMAN G. BONNEY, Denver
DR. JOHN L. DAWSON, Charleston, S. C.
DR. H. B. FAVILL, Chicago
DR. JOHN B. HAWES, 2D., Boston
DR. H. D. HOLTON, Brattleboro
DR. E. C. LEVY, Richmond, Virginia
DR. CHARLES L. MINOR, Ashville, N. C.
DR. ESTES NICHOLS, Augusta, Me.
DR. M. J. ROSENAU, Washington
DR. J. MADISON TAYLOR, Philadelphia
DR. WILLIAM S. THAYER, Baltimore
DR. LOUIS M. WARFIELD, St. Louis

CORRESPONDENCE

To American Physicians Interested in the Alcoholic Problem

Hartford, Conn., March 21, 1908.

Editor Buffalo Medical Journal:

During 1907 over 200 papers, lectures and pamphlets were published in Europe and America concerning alcoholism and inebriety from a purely scientific point of view. Many of the authors complain that these papers were practically lost, because they did not reach medical men interested in the subject. The Scientific Federation Bureau, organized in Boston two years ago, for the purpose of collecting and disseminating the facts concerning the alcoholic problem, proposes to secure a list of medical men who are interested in the scientific study of the alcoholic problem. This list will be valuable for authors and students, who wish to address a special audience of physicians, not only to increase their interest, but to stimulate more exact studies of the subject. Such a list will enable the bureau to extend its work of accumulating papers and reprints, of all that is written and keep authors and readers familiar with the work that is done. All physicians who are interested in the scientific study of the alcoholic problem and research work, and the studies of medical men at home and abroad, are urged to send their names and addresses, so as to be registered and receive copies of papers and abstracts from authors and from others who may wish to have their papers read by interested persons. As chairman of the board of directors of the Scientific Federation Bureau, I earnestly request all physicians who would like to know more of this work to send me, not only their names, but the names of other medical men who would care to keep in touch with the new literature along scientific lines, and the latest conclusions concerning this problem which come from frontier studies. T. D. CROTHERS, M. D., Chairman,

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

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No. 9

Daniel Bennett Saint John Roosa

BORN APRIL 4, 1838, DIED MARCH 8, 1908.

NOT recently has death in such a marked manner invaded the ranks of the medical profession. Professor Roosa's conspicuous service was in organising a medical school for post-graduate work, the New York Post-Graduate Medical School and Hospital, the first institution of its kind, whose president he has been since its foundation in 1883, as well as its professor of diseases of the eye and ear.

Dr. Roosa died suddenly March 8, 1908, from heart disease at his home, No. 20 East 30th street, New York City, aged 69 years. He had seemed in his usual good health when he first arose, but just after he returned to his room from his morning bath he fell to the floor unconscious, and died in a few minutes.

Daniel Bennett Saint John Roosa was born in Bethel, N. Y., on April 4, 1838, and was the son of Charles B. Roosa and Amelie E. Foster Roosa. His early education was received at the district school of his native village, and at the academies of Monticello, N. Y., and Honesdale, Penn. In 1856 he entered Yale, but he was obliged to leave college, on account of ill health, in a few months. His studies were continued under a private tutor until the fall of 1857, when he entered the medical department of the University of the City of New York, from which he was graduated in 1860. He served as interne in the New York Hospital until April, 1861, when he enlisted as assistant surgeon to the Fifth New York Volunteers. Dr. Roosa served through the three months' term of enlistment of this regiment, and, returning to New York, completed his service in the New York Hospital as house surgeon. He then spent a year in Europe in study of the

ophthalmic clinics in Berlin and Vienna. In June of 1863 he volunteered with the 12th Regiment, N. G. S. N. Y., and was sent to Pennsylvania, only a short time before the battle of Gettysburg.

On the completion of his term of service in the army he engaged in private practice in New York City, chiefly in ophthalmology and otology. From 1864 to 1882 he was professor of diseases of the eye and ear at the Medical School of New York University, and from 1875 to 1880 he held a similar place at the University of Vermont. In 1879 he was made president of the Medical Society of the State of New York, and in 1876 of the International Otological Society. He was also president of the American Otological Society, and honorary vice-president of the Ophthalmological Society, meeting in Edinburgh in 1894. He was president of the New York Academy of Medicine in 1893 and 1894, and was one of the founders and surgeons of the Manhattan Eye and Ear Hospital.

As a president of the Medical Society of the State of New York Dr. Roosa distinguished his term of service by an address of unusual merit and by an administration that was unusually progressive in character. He was gifted as an orator, a man of graceful presence and a citizen of patriotic impulses. He was one of the leaders in the movement which led to the abolition of the old code of ethics in the state of New York, and was always particularly prominent in securing proper legislation on matters relative to the profession of medicine.

In addition to a number of works of his own on the eye and the ear, Dr. Roosa was a frequent contributor to medical journals and translated several medical works by Germans.

Two honorary degrees were conferred upon him, the degree of M. A. by Yale and of LL. D. by the University of Vermont. He was twice married, his first wife having been the daughter of Stephen M. Blake of New York, who died in 1878. His second wife, who was Mrs. Sarah E. Howe, the daughter of Eder V. Haughwout, survives him.

The Army Medical Bill

AT last, after many weary months of waiting, the army medical department has come into its own—nearly. The house on March 16, passed the medical reorganisation bill which was sent to it from committee in amended form and there is little probability that it will be again interfered with. All that remains now is the conference report and the signature of the President, and the bill becomes of force.

In its amended form the bill provides for an army medical corps comprised of a Brigadier General, 14 colonels, 20 lieutenant colonels, 100 majors and 300 captains and first lieutenants. There is provision made for a medical reserve corps to be composed of first lieutenants.

The passage of this bill by the house, while it does not by any manner of means provide for all that is necessary for an adequate corps so far as its numerical strength is concerned, does provide a better basis upon which to build a corps that shall be sufficiently strong in numbers to properly care for the sick and wounded of an army. The concession of the congress in giving the medical corps even a portion of what was asked for, and which is so apparently needed for the proper performance of medical service, gives rise to the hope that in the no distant future a perfect organisation may be effected, on the lines laid down by the Surgeon General in his original estimate which was by no means exaggerated. However, the medical department has gained something and for that something let us be thankful; for it gives promise that with continued agitation by the profession at large we may yet bring the political mind to take a common sense view of the situation as it exists and see the lack of wisdom in freely spending millions in building up a great fighting machine and in methods of offense and defense, and grudgingly doling out pennies for the protection of the health and physical well being of that splendid machine.

One of the most pleasing features of the bill, and one that is indicative of the awakening of the political mind, is that section which provides for the establishment of a medical reserve corps, to be made up of commissioned first lieutenant surgeons. It is specifically provided that the members of this reserve corps cannot rise higher in rank; that they shall be paid only when on actual duty; that they shall not be entitled to retirement pay for length of service, nor to increased pay except for actual time served. They do however, take rank as actual commissioned officers, and as such are entitled to the privileges of officers as well as to pensions for disabilities actually incurred while on service and in line of duty.

This reserve corps forever does away with the disgraceful and humiliating system of giving contracts to surgeons; a system which has been as objectionable to the surgeon general of the army as it has been to the members of the corps and to those who accepted contracts.

Shortly after the Spanish war, the JOURNAL called attention to the system then in vogue, that of employing physicians under contract and ranking them as acting assistant surgeons with the

relative rank of first lieutenants. They were not commissioned officers and had none of the rights of an officer although they did all the service usually performed by a commissioned medical officer except serving on courts martial and swearing in recruits. They were executive officers of hospitals; they were operators; they were investigators; and some of the most brilliant work during the war with Spain and in the Philippine insurrection was done by acting assistant surgeons under the direction and guidance of regular army surgeons. At that time the suggestion was made in the JOURNAL that the position of the acting assistant surgeon could be made less humiliating by the organisation of such a corps as has now been provided for, and its members given commissions. Instead, the change made was in the opposite direction and the acting surgeon was merely designated officially as a "contract surgeon."

Happily, all this will be changed under the new order of things and it will not be long, it is hoped, before there will be, in addition to the increased medical corps provided for in the bill, a medical reserve corps composed, in the first instance, of men who have had army experience; who will be available for any duty, at any time and in any place, thus placing at the disposal of the surgeon general in the event of necessity a thoroughly capable, well-trained body of medical men who will go into service under commission and with actual rank commensurate with the dignity of their profession; men whom it will not be necessary, as it was in the Spanish war days, to lead by the hand through the mazes of military medicine and executive work.

An added advantage of the establishment of the reserve corps is that it may be made possible for the surgeon general to have at his command an almost unlimited number of experienced specialists in the various branches of medicine and surgery—an invaluable adjunct in the event of war.

Now that an opening has been made into the hitherto closed political conscience—and it is not a wholly selfish one, by any means—the work for betterment should not cease. Consistent, earnest effort toward the improvement of the medical corps in numerical strength will assuredly result in bringing the department up to a standard where it will be fully prepared to meet any emergency which may arise.

And the surgeon general should have the rank of major general.

The Responsibility of Health on the High Seas

THE question of responsibility of the health and well-being of passengers and crews while traveling on the high seas is a most important one, and yet that responsibility seems to be

divided. The captain and steamer surgeon seem to possess supreme authority, and yet in many cases epidemics and unsanitary conditions are overlooked and loss of life, and great inconvenience are inflicted upon crew and passengers alike. It might be well to suggest a change in the order of things, and make the steamer liable to the health regulations of the port which clears her or receives her. Crimes committed upon the high seas are punishable according to the laws of the state or country toward which a vessel is bound. By act of Congress, due to the energy of Major Farquhar, then a representative from Buffalo in the lower House of Congress, the Great Lakes were declared to come under the ruling of the high seas, and subject to all laws and regulations pertaining thereto.

The Marine Hospital service, with its chain of hospitals along the Great Lakes, has performed important service in looking after the health and comfort of sick and disabled sailors, but it should also have supervision over the sanitation of the vessels plying the Great Lakes as well. Then with the active coöperation of the health physician of her clearing or receiving port, the sanitary conditions would be thoroughly investigated and abuses corrected.

During the summer of 1907 the steamer "Northwest" of the Northern Navigation Company, plying between Buffalo and Duluth, was in such an unsanitary condition that an outbreak of typhoid fever followed. The matter was taken up by the Council of the Buffalo Academy of Medicine and some correspondence passed between Dr. Walter Wyman, Surgeon General of the Marine Hospital Service, Congressman Alexander of Buffalo, and the Council of the Academy. An investigation followed which, however, is not yet completed and results are not ready to be published.

It seems as if the officers of this company would take every precaution, which they undoubtedly have, to prevent a like occurrence, because of the great popularity of which these vessels enjoy by the traveling public—their sumptuous arrangements and the superiority of those vessels to any others on the Great Lakes. A trip on the "Northland" or "Northwest" is as delightful as an ocean voyage—with all the comforts, luxuries and appurtenances of the ocean liners—and the passengers must have a sense of safety in order to enjoy to the fullest the rare treat offered by the greatest of inland water trips.

Mr. Bok's "Attack"

AT a recent meeting of the Philadelphia branch of the American Pharmaceutical Association, Mr. Edward W. Bok, editor of the *Ladies' Home Journal*, made an address in the

course of which he said that a large number of physicians were prescribing "nostrums." Since that address, Mr. Bok has been the recipient of a number of letters and several pleasant reprints, editorial and otherwise, taking him to task for "attacking" the medical profession.

As a matter of fact Mr. Bok did not attack the medical profession at all. His address was not an attack; it was a simple statement of facts based upon his own observations and not the result of hearsay or the late reading of circular correspondence.

In the issue of the *Journal of the American Medical Association* of March 21, Mr. Bok has a communication which fairly and rather effectually answers the criticisms which have been gratuitously handed him. There probably was not any more animus in these criticisms than there was in the alleged "attack" which Mr. Bok is supposed to have made on the profession; but the reply which he has written is interesting. He sharply defines his position and tells what a "nostrum" is. More than that he gives specific instances where he has personal knowledge of the prescribing of what he designates as "nostrums," and cites one instance where a well-known teacher advised his students to use the very preparations which the Council of Pharmacy and Chemistry most strenuously denounce. Mr. Bok's reply is good reading, and quite definitely shows that his "attack" was not anything in the nature of an attack at all, but an address of considerable interest.

Carnegie Honor for a Physician

SO infrequently is the medical profession materially recognised that the recent announcement of the granting by the Carnegie Foundation for the Advancement of Teaching of a pension of \$3,000.00 to Dr. Stanford B. Chaillé, of Tulane University, New Orleans, attracts attention and arouses universal commendation.

Dr. Chaillé is one of the veteran workers in medical education in the United States, having on the 20th of March completed his fiftieth year as a teacher; and it is a fitting recognition of his faithful work as an educator, that he was awarded the highest retiring pension at the command of the fund. There have been only a few of these maximum pensions allowed since the establishment of the fund, and this is the first instance where a physician has been the recipient. Not alone is Dr. Chaillé to be congratulated on the public recognition of his work in so material a manner, but the medical profession is distinctly honored.

THE wide-awake and hustling, if somewhat careless, drug merchant in the city of Washington, D. C., who made much money

and considerable local fame by his exploitation of such popular remedies as "Cuforhedake" and "Brane-Fude," has the distinguished honor of being the subject of the first recorded legal conviction under the Food and Drugs law.

This gentleman, Robert N. Harper, by name, is not alone a druggist of many years' experience, but he is interested in many of the commercial enterprises of Washington and occupies a rather more exalted position than the ordinary small retail drug merchant, who has neither special backing nor influence. Mr. Harper is president of a bank and has other financial interests quite as prominent. He is also something of a social light, and counted among his friends some of the best known men in Washington.

None of these attainments, however, saved him from the conviction which followed a careful trial of the case which, on its face and in spite of the obstacles thrown up by the defendant's attorneys, was rather clear cut. There is a provision for a fine in the penalty in connection with imprisonment, and the importance of the case and the attention it has attracted may be judged by the fact that it is generally reported in the daily newspapers, that the President has directed the district attorney to work for imprisonment as the penalty, and to not quietly submit to the imposition of the mere maximum fine of \$500.00 which would not materially affect Mr. Harper's bank account, and certainly not his mental attitude toward the law.

THE Buffalo Department of Health under the direction of Dr. Ernest Wende is again publishing a monthly review of the sanitary conditions existing in Buffalo, and the first number of the new series was published January 31, 1908. Although curtailed considerably from the old monthly Bulletin, yet it contains a mass of interesting information which any Buffalo physician and sanitarian should be acquainted with. It is a pity that sufficient appropriation was not made for publishing the old Bulletin, because it contained reports from all the heads of the department and publicity seems to be the order of the day. Those who were wont to criticise every official for neglect of duty, could see by the old Bulletin just what the officers of the health department were doing, and conversely perhaps these same officials were cognisant of the fact that their acts were being scrutinised—all of which tends to better the service under observation. The new Bulletin is edited by Dr. Franklin C. Gram, Registrar of the department and copies may be secured for the asking.

AN American physician, writing from Berlin, (*N. Y. Tribune*) says: "I had the good fortune to be present at the 'Aerzetekom-

mers,' arranged in honor of Dr. Robert Koch. It took place in the great hall of the royal opera house last night—February 11—and was such a doctors' meeting as I never saw before and the like of which I shall never see in our country. There were two thousand physicians present. At the table of honor with Koch sat the men who had worked with him, Proskauer, Rubner, Gaffky, Frosch and Wassermann, and there were professors, 'geheimrats,' 'geheime medezinalräte' 'obermedezinalrate' and at least one 'ministerial direktor.' Next to Koch sat Geheimrat Körte who took part with the others in the Kaiser salamander, with which the evening began, although he had celebrated his ninetieth birthday a few days before. There were some serious addresses, full of tributes to the scientist, who had but recently returned from the far South crowned with new success in his field. A memorial medal was presented also, but the men came there to have a good time, and they had it. I heard physicians who stand high in the profession sing, recite humorous poems, play on instruments and even take part in grotesque play. It was an invigorating spectacle. The hit of the evening was a one-act farce by Dr. Alfred Peyser, the scene of which is laid in the court of Dr. Koch's present home in Berlin. The time is December 11, 1903, the 150th birthday of Koch. The peep into the future gave the authors of a number of songs a fine opportunity to make queer predictions. One of the best songs was entitled 'The Wail of the Bacillus.' "

DR. FRANK VAN FLEET, chairman of the committee on legislation of the Medical Society of the State of New York, informs the medical profession that the perennial optometry bill is up again and will be voted on in a few days. Among other bad provisions of the bill it authorises a Board of Examiners whose only qualifications shall be a knowledge of optics.

Every member of the state society should write his senator and assemblyman at once insisting that this bill be killed. If not familiar with the names of senators and assemblymen write the clerk of the senate and the speaker of the assembly.

PERSONAL.

DR. HARRY RADLEY TRICK, of Buffalo, has been appointed by Col. George C. Fox, assistant surgeon of the 74th regiment, holding the rank of captain.

DR. LAWRENCE H. SMITH, a graduate of the University of Buffalo, class of 1907, and who has since been serving as interne at

the Buffalo General Hospital, will locate at East Aurora, N. Y., early in April, for the practice of his profession.

OBITUARY

DR. CHARLES A. RING, formerly of Buffalo, died suddenly at Appleton, N. Y., February 25, 1908, of heart disease aged 53 years. He was born at Buffalo, September 20, 1854, and received his academic education in the schools of his native city and at West Town School near Philadelphia. On his return to Buffalo, he became a student of medicine at the County House and graduated from the University of Buffalo in 1878. He served as resident physician at the County House, and in 1881 he was appointed medical superintendent of the insane, which position he held until April, 1889, when the insane were transferred to the state hospital at Collins. He then practised medicine in association with his brother, Dr. William G. Ring, at 364 Niagara Street in this city until 1892, when he was appointed by Surgeon General Walter Wyman to take charge of quarantine at Niagara Falls during the World's Fair at Chicago. At the close of this service Dr. Ring removed to Johnson's Creek, N. Y., where he practised his profession until early in 1894, when he returned to Buffalo. He married Miss Hannah D. Farrell, the daughter of Rev. Allen P. Ripley, a prominent clergyman of this city, in 1894, and the following year purchased Appleton Hall, at Appleton, for a summer home spending the winters in Buffalo.

Dr. Ring retired from active practice a few years ago. His wife died January 16, 1907. He is survived by a brother, Dr. William G. Ring, of this city. His father, the late Dr. William Ring, of this city, was a prominent practitioner of medicine for fifty years.

DR. RICHARD DOUGLAS, of Nashville, died at his home February 19, 1908, after a long illness of nephritis, aged 47 years. He was a native of Nashville where he was born December 20, 1860. He graduated from the medical department, University of Nashville, in 1881, and in 1882 took a post-graduate course at Jefferson Medical College, Philadelphia. He then returned to Nashville, where he practised his profession until shortly before his death.

Dr. Douglas was called to the chair of gynecology and abdominal surgery in the medical departments of the University of Nashville and Vanderbilt University, which at that time were represented by a single faculty. In 1895, when a severance of

the two schools occurred, he became professor of gynecology and abdominal surgery in the medical department of Vanderbilt University, which position he held until failing health caused his resignation. In the early part of his professional career, Dr. Douglas spent several months abroad in the prosecution of his studies and after visiting the continental hospitals went to London, where he became the student of Mr. Granville Bantock.

Dr. Douglas was a frequent contributor to medical literature. His treatise on "Surgical Diseases of the Abdomen," published in 1904, attracted the attention of the surgical world. It is a book of great merit and is a textbook in many of the schools.

He was prominently identified with a number of medical societies, both American and foreign, and was one of the five American delegates to the International Medical Congress at Madrid, in 1903.

DR. WILLIAM HOLDEN CHACE, of Buffalo, died at his home February 14, 1908. He graduated at the University of Buffalo in 1887.

DR. MATTHEW BEVIER, of Niles, N. Y., died at his home in that village, January 27, 1908, aged 87 years. He graduated at the University of Buffalo in 1848, and for more than 40 years practised his profession at Owasco, N. Y.

DR. WEBSTER W. WYNN, of Dixon, Ill., died at his home February 28, 1908, of paralysis, aged 78 years. He graduated from the University of Buffalo in 1855, and was a post surgeon at Dixon during the civil war.

DR. ROBERT HILL DEE, of Brockport, N. Y., died at his home January 26, 1908, of cerebral hemorrhage, aged 78 years. He graduated at the University of Buffalo in 1852, and was physician to the Six Nations Indians, Ontario, for thirty-five years; and for more than twenty years was coroner of Brant County, Ont.

SOCIETY MEETINGS.

THE American Medico-Physiological Association will hold its sixty-fourth annual meeting at Cincinnati, May 12-15, 1908, under the presidency of Dr. Charles P. Bancroft, of Concord, N. H. The headquarters of the association will be at the Hotel Sinton. Dr. Charles W. Pilgrim, of Poughkeepsie, is the secretary.

THE Buffalo Academy of Medicine held meetings during March as follows:

Section on Surgery.—Tuesday evening, March 3. Program:

- (1) Demonstration of direct bronchoscopy and esophagoscopy, F. Whitehill Hinkel;
- (2) Reports of cases of ecchinococcus cyst of the liver, Marshall Clinton, Herman E. Hayd;
- (3) Spinal sprain; its complications and consequences; with report of 26 cases, Prescott Le Breton;
- (4) Flat foot, Roland Meisenbach.

Section on Medicine.—Tuesday evening, March 10. Program:

- (a) A case of paranoia, Sidney A. Dunham;
- (b) Specific infections arthritis, J. Henry Dowd.

Section on Pathology.—Tuesday evening, March 17. Program:

- (a) Report of a case of gangrenous inflammation of the appendix, with spontaneous discharge into the small intestines, A. L. Benedict;
- (b) Epithelial tumors of the skin and exposed mucous membrane. Lantern slides, A. H. McGlannan, associate in surgery, college of physicians and surgeons, Baltimore.

A Stated Meeting was held Tuesday evening, March 24.

The program was furnished by the Section on Obstetrics and Gynecology, as follows: (a) Transverse abdominal incision in pelvic surgery, its advantages and limitations, James E. King; (b) Treatment of diffused or spreading peritonitis, Frank McGuire.

THE Rochester Academy of Medicine held meetings during the month of March as follows:

Section on General Medicine.—Wednesday evening, March 4.

Program: Acute anterior poliomyelitis, Robert G. Cook; Tubercular hip disease, occurring in the aged, with presentation of case, L. A. Whitney.

Section on Surgery.—Wednesday evening, March 11. Program:

General observations and conclusions after a short visit to the Drs. Mayo, Drs. Zimmer and Elsner.

Section on Obstetrics, Gynecology, and Pediatrics.—Wednesday evening, March 18. Program:

- (1) Report of a case of chorea at term;
- (2) (3) Report of two cases of eclampsia;
- (4) Report of an alleged case of abortion, C. S. Starr.

Section on Public Health.—Wednesday evening, March 25.

Program: Investigation of medico legal cases. The nervous examination, E. B. Angell; The surgical aspect, E. W. Mulligan; The detection of malingering, W. J. Herriman. (By invitation.)

THE Committee on Legislation of the Medical Society of the County of New York, voted unanimously to actively support senate bill No. 636, and assembly bill No. 1215, and requested its chairman, E. Eliot Harris, to prepare suitable resolutions to be submitted to the society for its action. The following were unanimously adopted at the regular meeting of the society held March 23, 1908:

WHEREAS the commission, appointed by Governor Hughes pursuant to an act of the last legislature, has investigated and reported on a suitable site for the Eastern New York State Custodial Asylum and has officially published that there are at least 20,000 feeble-minded and epileptic persons in this state; that the existing State Custodial Institutions located at Rome, Syracuse, Newark and Sonyea are now overcrowded; that they house 3,250 persons while their capacity is authoritatively reported for only 3,183 inmates, making an excess of 67 persons which added to 1,000 applicants who are now on the waiting list of these institutions and 1,808 patients improperly confined in almshouses of the state, make a total of 2,875 patients needing immediate state custodial care—to say nothing of the much larger number of the 20,000 persons in private homes who require state custodial care for the protection of themselves and for the protection of the best interests of the commonwealth.

WHEREAS the site selected is admirably suited for the purposes of the colony as shown in the report of Mr. Kuichling, the consulting engineer: the options on the property were secured at a time which gives the state a remarkable opportunity to be possessed of a tract of land at the lowest possible cost: its value will rapidly enhance with the improvement in the financial conditions of the county: that the proposed colony will be located near Haverstraw, Rockland County, 22 miles north of New York City, is a great blessing to these unfortunate poor as well as being of great economic value to the state, as it may be readily and cheaply reached by train or boat: the round trip being \$1.00 by train and much less by boat: that more than 50 per cent. of the inmates and over 61 per cent. of those on the waiting lists of the distant state institutions are from the vicinity of Greater New York accounts for the many instances where it seems cruel to send these poor patients so far from their family relations and friends, who plead pitifully for their retention in the city institutions which are accessible to them, for they know full well that the time and the expense of the journey will in most cases prohibit them from ever seeing their near ones again, which becomes evident when we consider that the round-trip railroad fare alone is \$14.00 to the Craig Colony for Epileptics at Sonyea—the present cost to the department of public charities of this city to send a patient with an attendant to the colony is over \$25.00 dollars. If a

colony were established at Haverstraw then the regular boat of the department could make the trip easily and without cost to the visitors entitled to permits.

Therefore be it

Resolved, That this society earnestly requests the finance committee of the senate to report favorably Senator Armstrong's bill No. 636, which provides for an appropriation of \$188,575.00 for the site near Haverstraw, Rockland County. The members of the senate are also urgently requested to vote for the final passage of the bill which has already passed the assembly unanimously as assembly bill No. 1215.

Resolved, That the Committee on Legislation be empowered to use these resolutions in coöperating with other committees working for the enactment of the bill to purchase the site of the Eastern New York State Custodial Asylum.

THE American Proctologic Society will hold its tenth annual meeting at Chicago, June 1 and 2, 1908, under the presidency of A. Bennett Cooke, of Nashville. The headquarters and place of meeting will be at the Palmer House. Lewis H. Adler, Jr., of Philadelphia is the secretary.

The profession is cordially invited to attend all meetings.

THE American Gastro-Enterological Association will hold its eleventh annual meeting at Chicago, June 1 and 2, 1908, under the presidency of J. P. Sawyer, of Cleveland.

COLLEGE AND HOSPITAL NOTES.

PROFESSOR William Thompson Sedgwick, of the Massachusetts Institute of Technology, will deliver the annual commencement address at the Yale Medical School this year. His subject will be "Preventive Medicine and the Public Health."

Professor Sedgwick was formerly acting president of the Massachusetts Institute of Technology and biologist to the Massachusetts Board of Health. He is curator of the Lowell Institute of Boston.

THE governors of the New York Skin and Cancer Hospital announce that the following lectures will be given in the Out-Patient Hall of the hospital on Wednesday afternoons, at 4.15 o'clock:

Dr. L. Duncan Bulkley, pathology in its practical bearings upon the treatment of certain diseases of the skin, March 4; also clinical lectures on diseases of the skin, until April 15.

Dr. William Seaman Bainbridge, on the treatment of unremovable cancer, with exhibition of cases, April 22, 1908. The lectures will be free to the medical profession.

BOOKS AND AUTHORS.

The Medical and Surgical Knowledge of William Shakespere. With Explanatory Notes. By **John W. Wainwright, M.D.** Octavo, pp. 78. New York: Published by the author. 1907.

What a delightful literary work it must have been for this author to have prepared this work! The constant association with Shakespere's great creations for so long a time must of a truth be a charming occupation. In looking over the pages one cannot but be impressed with the great poet's familiarity with so much of medicine that betrays a knowledge of its actual science and art, much of which, indeed, is useful today. This is a volume that will afford agreeable entertainment for any and every physician of cultivated appetite for good literature. It will serve to beguile many a half hour,—those oases in the deserts of hard work, that occasionally will come to every doctor, no matter how busy. The author has interlarded the excerpts with explanatory notes, that make plainer obscure phrases; and this has been done in a spirit of modesty rather than off pedantry. Singularly enough, not only are the excerpts plentiful as applied to general medicine and surgery, but nearly all the specialties of the present day are represented. It would be an agreeable task to point these out in detail, but is not necessary. This book is valuable as an index to the text and will enable the interested searcher to find in the complete words of Shakespere more extended references which have a collateral bearing on the excerpts.

Atlas and Textbook of Human Anatomy. Volume III. By Professor **J. Sobotta**, of Wurzburg. Edited, with additions, by **J. Playfair McMurrich, A.M., Ph.D.**, Professor of Anatomy at the University of Michigan, Ann Arbor. Quarto, 342 pages, containing 297 illustrations, mostly in colors. Philadelphia and London: W. B. Sanders Company. 1907. (Cloth, \$6.00; half morocco, \$7.00, net prices.)

This volume, the third, completes the series of an anatomical exposition, which must take rank amongst the better delineations of the subject. It is a surprisingly accurate treatise, and must of necessity become a favorite with teachers of human anatomy, the world over. The student, too, who would best inform him-

self and can afford the outlay, will surely obtain this admirable work. In this volume the vascular system, begun in the preceding one, is finished; the entire nervous system is depicted, and the organs of special sense are described. The text of Sobotta's work is interesting though scarcely an unnecessary or superfluous word is employed. In the older anatomical textbooks a dryness mostly prevailed; whereas the modern methods of teaching make this proverbial dry subject even fascinating. Now, about the illustrations—they fairly bristle with interest and gleam with color. One can almost see and feel the arteries pulsate, and see also the blood stream course through them. • The nerves, too, seem to vibrate, their depiction is so realistic. The sense organs,—the eye and ear in particular,—are marvelously pictured in every detail and merit the careful study of the specialist. Finally, the price is so reasonable, so low in fact as to excite our special wonder.

Diseases of Children for Nurses. By **Robert S. McCombs**, M.D., 12 mo, pp. 431. Illustrated. Philadelphia and London: W. B. Saunders Co. (Cloth, \$2.00.)

This author has taken up a new line of thought in addressing nurses,—namely, on the specialty of diseases of children. Some nurses seem particularly adapted to one line of nursing, others to another, and there would appear to be no good reason why those who prefer to nurse children should not have special instruction in that branch of nursing. But a nurse should first be taught the general subject, and afterward take up the particular work for which she may feel the better adapted. The text of this book is well prepared by a man of experience, the several groups are handled intelligently, and the special conditions are adequately outlined. Infant feeding, in particular, has received important attention and is handled with good judgment. The chapters are short, concise, and forceful, the diction being clear and the rhetoric pleasing without being ornate; in short, the aim of the author evidently has been to treat his subject scientifically without superfluous phraseology. The illustrations are such as help to explain the text, and not to make a mere picture book of the volume. We think nurses who devote their work to children will do well to obtain this book.

The Sexual Instinct. Its Use and Dangers as Affecting Heredity and Morals. By **James Foster Scott**, A.B., M.D., late Obstetrician to Columbia Hospital for Women, and Lying-in Asylum, Washington, D. C. Second edition. Small 8vo, p. 474. Illustrated. New York: E. B. Treat & Co. (Cloth, \$2.00.)

It is about ten years since the first edition of this book appeared. Nothing new has been recorded in this edition. The most that can be said of it is that it is a "good book." It is an

excellent homily for religious people to read, and is suited in particular for clergymen. They should familiarise themselves with it and then instruct their congregations in regard to its contents. It goes over ground that has been plowed and harrowed time and again, without yet yielding much of a crop. But we would not discourage a continuance of the effort on that account. It deals with a topic that is extremely difficult to handle, or to get results from no matter how capably the conditions may be delineated. We are not of those that believe much good can come from a semi- or quasi scientific discussion of the subject. It must be dealt with on the broad ground of medical science and the talk must be plain. Evils there are and they must be warned against in strong terms in order to be eradicated or even modified. These are our own views, and are given for whatever they may be worth. We think this book deserves a wide circulation which it does not seem to have attained heretofore, if two editions in ten years are reliable indications.

A Textbook of Practical Gynecology. By **D. Tod Gilliam, M.D.**, Emeritus Professor of Gynecology in Starling-Ohio Medical College; Gynecologist to St. Anthony and St. Francis Hospitals. Second Edition. Illustrated with 350 engravings, a colored frontispiece, and 13 full-page half-tone plates. 642 royal octavo pages. F. A. Davis Company, Philadelphia. (Cloth, \$4.50, net; half-morocco, \$6.00, net.)

Four years have elapsed since the first edition of this work appeared. The changes made, as enumerated by the author, are chiefly relating to technics. We wrote approvingly of the first edition and in some detail. Now, we shall limit our observations to reaffirming our earlier opinion and a mention of the changes. Some of the text has been eliminated and new material introduced here and there to take its place. The author describes another operation for extensive cystocele, also one for prolapse of the uterus occurring after the menopause. A regional index of symptoms has been added with special reference to the needs of general practitioners and students; it is, however, so imperfect, so incomplete, that it does not add much value to the book. By and large, this is an excellent treatise, condensed, scientific, and practical, making it a safe guide on all the topics of which it treats.

Surgical Applied Anatomy. By **Sir Frederick Treves, F.R.C.S.**, Sergeant-Surgeon to H.M. the King. (5th) edition. 12mo, 640 pages, 107 illustrations, of which 41 are in colors. Lea Brothers & Co., Philadelphia and New York. 1907. (Cloth, \$2.25, net).

Sir Frederick Treves is too well-known as a surgeon, and his little book is too well known among surgeons to justify more than a passing notice in this place. The work, which is one of the series of manuals for students of medicine, has been revised with

care throughout, in order to make it conform to the present date. In doing this the reviser has rewritten certain sections, and added considerable new material, thus making every effort to bring each chapter up to date. The illustrations, too, have received due attention, forty-three figures having been prepared, especially for this edition. The manual therefore becomes one of the most useful surgical guides for the student and junior practitioner.

Modern Medicine. Its Theory and Practice. In original contributions by American and Foreign authors. Edited by **William Osler**, M.D., Regius Professor of Medicine in Oxford University, Eng. Assisted by **Thomas McCrea**, M.D., Associate Professor of Medicine and Clinical Therapeutics in Johns Hopkins University Baltimore. In seven octavo volumes of about 900 pages each, illustrated. Volume III. Lea Brothers & Co., Philadelphia and New York, 1907. (Cloth, \$6.00; leather, \$7.00; half morocco, \$7.50 net prices.)

The third volume of Osler's *Modern Medicine* follows closely along the lines laid down in the previous volumes as regards attention to detail and care in preparation. This section of the work concludes the infectious diseases and takes up diseases of the respiratory tract.

There is evidence a-plenty of careful attention to detail, and the arrangement of the subjects leaves nothing to be desired. Every infectious disease is most thoroughly considered and if, in some portions, there are lapses of judgment, it would be simple justice to ascribe it to acute Baltimoreitis and not carelessness.

For instance, in that section of the work devoted to the different phases of gonorrheal invasion, the treatment of conjunctivitis is suggested as consisting of "mild antiseptics," boracic acid and permanganate of potash, the latter 1-5000 in strength. Possibly in a less rarified atmosphere a silver preparation, such as argyrol or collargolum, might be of advantage to the patient. Otherwise, the suggestions of this section are of value. Speaking of cystitis the somewhat startling announcement is made that Young, of Baltimore, has shown that gonococci alone may cause it; that gonococci may be present in the bladder without causing cystitis, and that in chronic cystitis the same investigator has shown that gonococci may be the only infecting agent present. These discoveries will probably be of interest to Fuller of New York, also Guiteras of the same village; likewise a couple of members of the Keyes family, and a few other scattered but serious minded workers in the realm of genitourinary surgery.

There is one section of this portion of the book which has really a pathetic interest. That is where the susceptibility of children in hospitals to gonorrheal infection is mentioned. It is stated that nearly all large hospitals everywhere have had epidemics and continue to have them in the babies' wards; figures

are given in connection with a New York institution; yet it does not appear that Johns Hopkins has ever had anything of the kind. On the surface it seems really too bad that the Baltimore institution should have been overlooked; it is about the only thing that has escaped it up to date.

Except for the slight discrepancies noted in passing, the article dealing with the gonorrheal infections is generally good; it is excellently written and is beyond doubt the most complete exposition of gonorrhea, as it may be seen in general practice, which has yet been published; and the author is congratulated on the very thorough manner in which he has presented the subject.

The fourth volume, now in press, will cover diseases of the circulatory system and blood; the fifth will be devoted to disease of the alimentary tract; the sixth is to group diseases of the kidneys, those associated with internal secretions, those of still obscure causation; the diseases of the muscles and vasomotor and trophic disorders. The seventh and final volume of the work will cover nervous and mental diseases.

Insanity and Allied Neuroses. A Practical and Clinical Manual. By **George H. Savage**, M.D., F.R.C.P., late Physician and Superintendent of Bethlehem Royal Hospital. With the assistance of **Edwin Goodall**, M.D. (Lond.) Medical Superintendent of the Cardiff City Hospital for Mental Diseases. 12 mo. pp. 638. Illustrated. Fourth Edition. Chicago: W. T. Keener & Co. (Price, \$2.75.)

A fourth edition of Savage on Insanity needs no formal introduction to the medical profession, as its author is one of the best known of English alienists, and a man for whom all have a profound respect for his opinions. The present edition has been revised throughout and shows the tendency of the times, by paying considerably more attention than in former editions to the pathological substratum of mental diseases. In this direction, Doctor Savage has enlisted the services of Dr. Mott, which is assurance enough that the work has been well and scientifically done.

In the opening chapters the author discusses insanity from the legal and medical standpoints—pointing out the difference between insanity, eccentricity, genius, precocity, and then takes up the relationship of crime to mental unsoundness. The author believes that such a relationship exists and that other nervous diseases are very apt to appear in criminals. He mentions epilepsy especially, also sense perversions.

Regarding the classification of the insanities, the author does not follow in the lead of the German alienists, Kralpelin for instance, and discard melancholia, mania, and circular insanity, but in the old familiar way discusses the different forms of melancholia, the various groups of mania, and folie circulaire, just as if manic-depressive insanity had never been heard of.

The dementias are carefully considered, but dementia precox is not given the same hearty indorsement that the German and American alienists accord it. The English, and Savage as their

spokesman, have always insisted on the retention of moral insanity in the classification of the insanities, and the chapter on this form is interesting and debatable. Sexual perversions, sexual inversion Waster's, those addicted to false accusations, cruelty and vindictiveness, depraved tastes and the like are or may be degenerates—moral degenerates if you will, but hardly irresponsible in a medical or legal sense. They are amenable to the law and not strictly unaccountable for their acts. The different groups of insanity are treated in a careful painstaking manner, and make enjoyable reading of a most difficult and obtuse subject. The illustrations, especially the colored ones, are well executed and add much to the worth of the book. It is bound in flexible covers and may be conveniently carried in the pocket.

W. C. K

Essentials of Modern Electrotherapeutics. An Elementary Textbook on the Scientific Therapeutic Use of Electricity and Radiant Energy. By **Frederick Finch Strong**, M.D. Instructor in Electrotherapeutics at Tufts College Medical School, Boston. New York: Rebman Company. (Price, \$1.00).

Doubting that electricity has accomplished as much in therapeutics as some have been led to believe, we yet recognise the propriety of teaching the topic with scientific adequacy, and of publishing books that deal with it fairly. It is certain that, preying upon the credulity of the unwary, charlatans have made use of electricity to treat imaginary illnesses and to extract large sums from the pockets of their clientele without giving value received. This little book contains about all that is known on the subject, and it states it in a direct and concise manner. It is especially designed for students and is, of course, elementary in character. It is well illustrated with necessary instruments and appliances, and will prove interesting and instructive for all pursuing the topic of which it treats.

Practice of Medicine for Nurses. By **George Howard Hoxie**, M.D., Professor of Internal Medicine in the University of Kansas, Kansas City, Mo. 12 mo. pp. 284. Illustrated. Philadelphia and London: W. B. Saunders Company. 1908. (Cloth, \$1.50.)

Amongst all the literature prepared for nurses,—and certainly there is a wealth of it,—this book should take rank with the best. It tells a nurse just enough of medicine, not too much which sometimes has been the case. It would be possible within appropriate limits to deal with all the diseases of the body, but this author has shown discretion not only in his selections, but in handling each one with conciseness. He has brought out the salient features of each, however, and he has told the nurse how to recognise the danger-line in those diseases where this becomes of importance. The nurse need not become a diagnostician, but she must know enough of medicine to become an intelligent helper to the physician, and she must faithfully carry out his

instructions. We believe she will find this book of aid to her in many ways, and she will become a better nurse if she reads and heeds the information and advice given in its pages.

Cosmetic Surgery. The correction of featural imperfections. By **Charles C. Miller, M.D.** 136 pages. 73 illustrations. Published by the Author, 70 State St., Chicago, Ill. (Cloth, \$1.50.)

It is remarkable how even very unsightly deformities of nose and face can be corrected nowadays without scar under the name "cosmetic surgery." The author of this monograph has set forth in a simple, though effective fashion, the usual procedures in featural surgery. The illustrations are many but in the main of indifferent quality. The price, too, is high for so small a brochure. Nevertheless, there is much of value in its pages and it will appeal in many ways to all interested in this branch of surgery.

A Reference Handbook of Obstetric Nursing. By **W. Reynolds Wilson, M.D.**, Visiting Physician to the Philadelphia Lying-in Charity. 12 mo, pp. 258. Illustrated. Philadelphia and London: W. B. Saunders Company. (Limp leather, \$1.75.)

We regard this handbook as the best ever issued on the topic with which it deals. The special points which makes for quality in its favor are, first, conciseness, not a superfluous paragraph being used. Second, the subtopics are well chosen, scarcely one could be omitted with propriety. Third, size and make-up of the book, which makes it convenient for the handbag or even the pocket. Fourth, the illustrations are excellent, being wood cuts from black and white drawings. Finally, its flexible cover, in red leather, its red edges, and its rounded corners, together with its hard finished paper and plain-faced type, make a handsome book. Every nurse who serves obstetric patients will do well to obtain this book and be guided by it.

Physicians' Manual of the Pharmacopeia and the National Formulary. An Epitome by **C. S. N. Hallenberg, Ph.G., M.D.**, Professor of Pharmacy in the School of Pharmacy, University of Illinois.

This manual includes the names and a brief description of all the articles appearing in the U. S. Pharmacopeia and the National Formulary. There is included a therapeutic index and a list of common names of articles which cannot fail to be of use to physicians. The lines separating formulary and pharmacopeial articles is rather arbitrary in most instances, hence a manual covering both series is of decided value. The manual is published by the American Medical Association and is worth many times its cost, fifty cents.

Syphilis in the Army. By **Major H. C. French**, Royal Army Medical Corps. Small 8 vo, pp. 134. London: John Bale, Sons & Danielsson. (Cloth, \$1.50 net.)

That this is an unusual book may be inferred by its title, but it will be understood to be such after it has been read. Major

French holds the unique appointment of War Office Specialist in Venereal Diseases and Dermatology, has served in India and Egypt, where ample opportunities were afforded for the study of these diseases. He has kept carefully prepared records of his clinical observations and the tables published are of great value because they are strictly accurate. The table of two hundred cases of syphilis treated at Cairo should be studied carefully as they indicate success on other than established lines. More attention than ever before is now being paid to prophylaxis, as well as treatment of venereal diseases, and opinions not only differ, but are being recasted or are undergoing changes. For all these reasons, Major French should receive respectful consideration, as his views will help to reach more accurate, more scientific, and more fixed or definite conclusions.

Principles and Practice of Modern Otology. By John F. Barnhill, M.D., Professor of Otology, Laryngology and Rhinology in Indiana University School of Medicine, and Ernest deWolfe Wales, B.S., M.D., Associate Professor of Otology, Laryngology and Rhinology in Indiana University Medical School. Octavo, pp. 575. Illustrated. W. B. Saunders Co. (Cloth, \$5.50.)

One of the principles underlying the preparation of this book was to modernise the practice of otology, and so well have the authors succeeded in this commendable effort that their work may properly be considered one of the best and most complete yet issued. Not only that, but it is interesting from a literary viewpoint. They also have endeavored to correct what they term "traditional beliefs," such as the senseless suggestion that children may outgrow aural ailments, and that a discharging ear is little more than an annoyance. They emphasise the supreme importance of careful examination and correct diagnosis, and their work on prophylaxis and treatment is most excellent and thorough.

The illustrations are beyond criticism, especially those descriptive of anatomic features and the presentation of the various instruments. The working directions for different operations are most comprehensive. In a word, there is little left to be desired in the book and it will be of especial value to the work-a-day physician who first sees, as a rule, the aural cases which, apparently simple, later become most serious and often destructive of physical well-being if not of life.

A Treatise on Diseases of the Skin. By Henry W. Stelwagon, M.D., Ph.D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Fifth Edition. Octavo of 1,150 pages, with 267 text-illustrations, and 34 full-page colored and half-tone plates. Philadelphia and London: W. B. Saunders Company, 1907. (Cloth, \$6.00; half morocco, \$7.50 net prices.)

In this edition of a most excellent work all the obsolete and unnecessary material has been eliminated which means, in brief, that the book has been given a literary polishing up and made

thoroughly modern as to text and illustration. In a way the author has followed the flag, for he has rewritten the articles on frambesia and oriental sore; much new material has been added to the articles dealing with verruga peruana and tinea imbricata, while entirely new are sections devoted to dhobie itch and uncinariol dermatitis—all affections which belong in the domain of tropical medicine.

For the first time, too, the eruptions of leukemia receive serious attention.

The classically exact illustrations need but an added word of commendation; additions have been made which are of distinct benefit.

A Textbook of the Practice of Medicine. By **James M. Anders, M.D., Ph.D., LL.D.**, Professor of the Theory and Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. Eighth Edition. Octavo of 1317 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1907. (Cloth, \$5.50; half morocco, \$7.00 net prices.)

One needs only to compare the latest edition of this most excellent and serviceable work with former volumes to note the rapid strides made in internal medicine. The book has been carefully revised and only the most recent, positive knowledge of internal medicine is presented. Much stress is laid upon diagnosis, differential diagnosis and treatment, the differential points and the illustrations particularly being elaborated.

Much space is given to preventive medicine, dietetics and physiologic and medicinal therapeutics. One feature which cannot fail to attract attention is the improvement of the classification of diseases.

Among the articles which have been entirely rewritten are those on ankylostomiasis, dracontiasis, trypanosomiasis and beri-beri. Among the new subjects dealt with are: Parasitic infusoria, febrile tropical splenomegaly, aplastic anemia, x-ray in leukemia; polycythemia and cyanosis with splenic tumor; Stokes-Adams's disease; Vincent's angina, abortive pneumonia, and chronic appendicitis without preceding acute attack.

In its present form the book is in truth, a work on modern medicine.

Diseases of the Nose and Throat. By **D. Braden Kyle, M.D.**, Professor of Laryngology and Rhinology, Jefferson Medical College, Philadelphia. Fourth Edition. Octavo, 725 pages, with 215 illustrations, 28 in colors. Philadelphia and London: W. B. Saunders Company, 1907. (Cloth, \$4.00; half morocco, \$5.50 net prices.)

In this new edition of Kyle's work the same general plan of arrangement of subjects as presented in the earlier editions has been followed, although the book as a whole has been entirely revised and brought up to date. There are a number of new articles which have not heretofore been presented, and they add to the completeness of the work. They include: Taking cold;

lithemic rhinitis; chemic ulcers; fibromyoma of the nasopharynx; telangiectoma; syphilis of the septum; empyema of the antrum; bone cysts of the accessory sinuses; gangrene of the tonsil; actinomycosis of the tonsil; Vincent's angina; angioneurotic edema; pharyngeal aneurism; cough; congenital stridor; bronchoscopy; functional aphonia, and surgery of the larynx.

A novel feature of the book, and one which might be followed by writers in other branches, is that wherein the writer in making use of literature dealing with operations uses the quoted author's own words in order that his exact meaning would be given. The illustrations have been improved by the addition of several new plates.

BOOKS RECEIVED.

The Diagnosis and Treatment of Pulmonary Tuberculosis. By Francis M. Pottenger, A.M., M.D., Medical Director of the Pottenger Sanatorium for Diseases of the Lungs and Throat, Monrovia, Cal.; Professor of Clinical Medicine in the Medical Department, University of Southern California. Octavo, pp. 377. New York: William Wood & Co. 1908. (Cloth, \$3.50.)

History of the Study of Medicine in the British Isles. The Fitz-Patrick Lectures for 1905-6, delivered before the Royal College of Physicians of London. By Norman Moore, M.D., Cantab. Fellow of the Royal College of Physicians; Physician to St. Bartholomew's Hospital. Octavo, pp. 202. Oxford: Clarendon Press. 1908.

A Textbook of Surgical Anatomy. By William Francis Campbell, M.D., Professor of Anatomy in the Long Island College Hospital. Octavo, pp. 675. Illustrated. Philadelphia and London: W. B. Saunders Co. 1908. (Cloth, \$5.00.)

The Blues (Splanchnic Neurasthenia). Causes and Cure. By Albert Abrams, A.M., M.D., (Hiebelberg), F.R.M.S., Consulting Physician, Denver National Hospital for Consumptives. 12 mo, pp. 287. Illustrated. Third Edition. New York: E. B. Treat & Co. 1908. (Cloth, \$1.50.)

Bradycardia and Tachycardia, with complete English abstracts and foreign bibliography. Part II. in a series of monographs on the Symptomatology and Diagnosis of Disorders of Respiration and Circulation. By Prof. Edmund Von Neusser, Professor of the Second Medical Clinic, Vienna; Associate Editor of Nothnagel's Practice of Medicine. Authorised English Translation by Andrew MacFarlane, M.D., Professor of Medical Jurisprudence and Physical Diagnosis, Albany Medical College. 12 mo, 150 pages. New York: E. B. Treat & Co. 1908. (Cloth, \$1.25.)

Merck's 1907 Index. An Encyclopedia for the Chemist, Pharmacist and Physician. Third Edition. New York: Merck & Co.

Report of the Commissioner of Education for the Year ending June 30, 1906. Vol. 2. Washington: Government Printing Office.

Transactions of the Thirteenth annual meeting of the American Laryngological, Rhinological and Otological Society, held at New York, May 30 and 31, and June 1, 1907. W. H. Haskin, M.D., Secretary.

Public Health and Marine Hospital Service of the United States. Walter Wyman, M.D., Surgeon-General. Hygienic Laboratory. Milk and its Relation to the Public Health. By various authors. Washington: Government Printing Office.

Annual Report of the Surgeon-General of the Public Health and Marine Hospital Service of the United States. For the fiscal year, 1907. Walter Wyman, M.D., Surgeon-General. Washington: Government Printing Office.

Progressive Medicine, Vol. X, -March, 1908. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 284 pages. Lea Brothers & Co., Publishers, Philadelphia and New York. Per annum in four cloth-bound volumes, \$9.00; in paper binding, \$6.00, carriage paid to any address.

MISCELLANY.

THE State Civil Service Commission will hold examinations on April 18, 1908, for among others the following positions: Examiners in English and Sciences, Education Department, \$720.00 to \$900.00, also for temporary summer employment at \$60.00 to \$100.00 a month; Health Officer, Town of Richmond, Ontario county.

The last day for filing applications for these positions is April 11. Full information and application forms for any of these examinations may be obtained by addressing Charles S. Fowler, Chief Examiner, Albany.

THE Bowery Mission, conducted by Louis Klopsch, has notified the governors of the several states that the mission can supply at a moment's notice any number of able-bodied men for unskilled labor to the farms and industrial centers where there is a marked dearth of labor. All that is required to secure such help is to pay transportation. Applications should be addressed John C. Earl, Free Labor Bureau, 92 Bible House, New York City.

ATTENTION is called to the Alaska-Yukon-Pacific Exposition (*St. Louis Med. Review*), which will be held at Seattle, Washington, opening June 1, and closing October 15, 1909.

This exposition will be held in a section of the country where world's fairs are new and for that and many other reasons it is expected to be a success, beneficially, educationally, artistically and financially.

It is said that work on the grounds and buildings of the exposition is well under way and the management is determined to have everything in readiness by opening day. The purpose of the exposition, is to exploit Alaska and Yukon and the countries bordering on the Pacific Ocean.

FOR SALE.—Van Houten & Ten Broeck static machine with 12 revolving plates of 30 inches diameter, full set of electrodes and x-ray tubes. The machine can be seen at the office of Dr. Eugene Horton, Gluck Building, Niagara Falls, N. Y., or apply to Mrs. W. R. CAMPBELL, 34 Niagara St., Niagara Falls.

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ORIGINAL COMMUNICATIONS.

A Remarkable Case of Epilepsy Caused by Eyestrain.

By GEORGE M. GOULD, M.D., Philadelphia, Pa.

ON October 12, 1906, a child of four years of age, to all appearances physically perfect, was sent to me by a general physician of a western city. For a year or two the boy had been having epileptic seizures. No "neurotic" antecedents were to be found in the family history. The father and the mother were as good examples physically of manhood and womanhood as one may find. The father was an educated physician, though not practicing at the present time. No cause for the attacks in the child could be found, except the fancied and "scientific" ones, and they are hardly worth mentioning. Nothing pointed to the eyes. The child was sent to me because I had advocated the truth that in some instances epilepsy is due to eyestrain, and because under the advice and treatment of many of the most famous neurologists, pediatricists, and general physicians of the United States, the child had steadily worsened. After two years of lost and precious time, after two years of injury, after two years of perfect failure, anything, even an eyestrain crank may be tried. The attacks were of all varieties of the two types called *petit mal* and *grand mal*. The total number of all kinds of attacks during the preceding year had been ranging between 437 and 969 per month. The "typical" or *grand mal*, or severest convulsive seizures, with loss of consciousness, etc., numbered from 5 to 25 per month. After one of these attacks it is about twenty minutes before the child can turn his head on the pillow, and the nurse thinks that the attacks in which consciousness is not lost are the worst or more harmful. The child was so stupified and drunk with the bromids which "science" had ordered poured into him for a year or two that a retinoscopic estimate of the refraction was not possible or would have been so inaccurate as to be worthless. There was but one thing to do, that which I had so long and frequently urged upon the profession and yet which I judge had never been done by any practitioner. It will be a century, possibly, before the most valuable and easily carried out method of establishing a differential

diagnosis by means of cycloplegia will end doubt, stop useless drugging and mistreatment, in millions of cases of headache and of a hundred kinds of functional disease possibly due to eyestrain. In the case of this poor boy his advisers would, of course, have scouted the idea that his epilepsy could be due to eyestrain, and they would have preferred that he die by bromidism rather than try a harmless drop of atropin to help clear up the etiology of the disease. The greatest pediatric authority in America said the lad had a brain tumor,—*I'ale* Pediatrics! The equally great neurologist was equally sure, of course, that "it was a case of pure Jacksonian Epilepsy." The adjective "pure" is comforting, and "Jacksonian" whistles for the trephine. *I'ale* Neurology! One leader was mighty sure the disease was "atypical epilepsy." But all diseases are atypical, and "atypical" seems as incurable as "pseudo", or any other disease. The most illuminative diagnosis of another great specialist was pseudo epilepsy, but what to do for the disease, "pseudo," was a question left unanswered. *I'ale* pseudology!" More sensible and far more funny was the theory of an attendant who, against the oculist, took the side of scientific medicine. She vigorously protested that not bad eyes, but epilepsy, was the boy's trouble! Of course, the child had been x-rayed, stomach contentsed, hematologised, and all that, and all that again. How many thousands of dollars did it all cost? But thanks to a superior wisdom, holes were not bored in the boy's cranium; nor was it sliced like a melon; nor was opportunity given to find "the dura mater adherent," etc., etc. The little less worse was the compelled choice, and for a year or two the boy was made drunk with the diabolic brutal bromid, which never cures and which always curses. Such is the degeneracy of Specialism!

In order to determine if eyestrain was the possible exciting cause of the attacks, I ordered atropinisation of the eyes. But I cared so little for my theory and so much for the patient, that I at once began demanding that the bromid should be stopped. In this I was not successful until a month's time had been lost and a month's injury gained. I was able immediately to secure the consent of the parents that it was better the boy should die of epilepsy than become the lingering idiot of bromidism. Parental love was clear-headed and right-hearted, but "Science" quite naturally preferred the idiocy.

With atropinisation alone the total number of attacks was lessened by about a hundred during the following month. From a written statement of the examining physicians made two weeks after atropinisation of the eyes was begun I quote: "Two things impressed us, his brighter mental condition, and his improved locomotion. There have been no convulsions for eleven days, the

longest period of freedom from attacks for three months. He walked better, his mental condition brightened, as shown in conversation, and the like, and he was sleeping better." On November 10, I at last succeeded in getting the bromid stopped. It was somewhat risky perhaps, and I was keenly solicitous of the result. Had the child died I should still have felt I had acted rightly. The child did not die, but something of significant interest occurred. The *petit mal* seizures greatly lessened, in the ensuing month, and the *grand mal* attacks were increased in number. The exact figures are these: out of a total of 404, in November, 59 were of the *grand mal* type.

With the bromid drunkenness removed it was now possible to measure the ametropia by means of the retinoscopic method, and glasses neutralising the boy's compound hyperopic astigmatism were secured. Two noteworthy results followed: The child fought to a victory against the atropin instillations; and he was just as anxious to wear his spectacles. This proved that the atropinisation is of use only temporarily and successful only partially in such cases, and that spectacles are the adequate and proper therapeutic agent. Moreover, it illustrates the old experience that when the right glasses are ordered, and when they are needed by the suffering nervous system, even babies of one, two, or more years of age will welcome them, will not allow them to be removed from the face, and will care for them as well if not better than the grown-ups.

Now comes the startling fact of the history: In the next month, December, after getting the spectacles, although the number of severe convulsive seizures increased somewhat, the total number fell from 404 to 157. In January the total number fell to 85, and in February to 7. Illness in the family during the spring of 1907, made necessary a change of residence for the boy. The journey to another city and the far more irritating environment resulted in a slight increase in the number of seizures. With return to the old home and better conditions, during the summer, six weeks went by without a seizure. At the present time, March, 1908, six months have passed with but two or three slightest *petit mal* hardly noticeable symptoms. The boy is at last natural-minded, and healthy-bodied, "plays with the other children, as a normal child." "His eyes have a bright and normal expression." "He drives the pony, telephones, wears his glasses constantly," etc. He weighs 67½ lbs.

But the illustrious "leaders," the neurologists, and pediatricists, the pseudologists and the atypicalologists, the great ophthalmic surgeons, and diagnosticians all, are today pronouncing upon multitudes of patients the doomful death warrants of "Jacksonian

Epilepsy," "Brain Tumor," "Neurotic Inheritance," "Diathesis," "Autotoxemia," and the rest, and pouring out mystery and bromids with unconcern and self-satisfaction. While official and professorial ophthalmology tries to get its eyebrows in still more highly arched curves as it passes by on the other side. The professor's automobile is in haste on the way to the surgical clinic, or to the learned lecture on organic pathology.

1722 WALNUT STREET.

The Relation of the Weight of the Placenta to the Weight of the Newborn Child¹

By W. P. MANTON, M.D., Detroit.

FOR many years, because of the interchange of gases (oxygen and carbonic acid) known to take place within its substance, the placenta has been referred to as the "fetal lung." Modern investigation has shown that, besides this process, the after-birth possesses peculiar functions in the elaboration of food material from the maternal blood in such form as to furnish those elements best adapted to the nourishment and upbuilding of the fetal structures.

The similarity, in this respect, between the placenta and the female mammary gland would render the term "antenatal breast" equally applicable. We find in early postnatal life effects produced according to the development of the maternal breasts and the amount and quality of the milk which they secrete. If the analogy just mentioned holds good, we might with reason look for some evidences in the development of the child at birth as to the part played by the placenta in its nourishment during intrauterine life, and we might expect to find this placental efficiency manifested in a relationship between the weight of this organ and that of the neonatus.

It is, of course, perfectly evident that the placenta, like the mammary gland, may be poorly developed and in consequence the nourishment of the child affected in this way, or certain of the placental tissues, of no value whatever in the selection of food supply, may become over-developed so that, while the after-birth is large, its capacity for the formation of nourishment remains at normal or is even diminished. Many problems of like nature would naturally suggest themselves in the consideration of this question, some of which might be answered by a comparison of weights and averages and a study of the chemical changes taking place in the placenta, while others could not be determined by these or in any other way. It would be impossible

1 Transactions of the American Association of Obstetricians and Gynecologists.

to ascertain, for instance, why a placenta, although small, elaborates a sufficient or plus quantity of food while another larger fails to supply the proper amount. We could only surmise that the chemical changes are more active or that the functioning cell surface is larger in the one than in the other.

We are quite familiar with the fact that the weight of the neonatus may be considerably modified by the amount and quality of food ingested by the mother during the nine months of uterogestation, but, as far as I am aware, no observations have been made as to the influence of diet on the size and weight of the placenta.

By taking the average in a number of cases we can determine the normal weight of the placenta and of the newborn child at term, and thus obtain the weight-ratio between the two. We can also ascertain whether multiparity or sex exert an influence on this ratio, and altogether we can arrive at some idea as to the probable work done by the placenta by a comparison of its weight and that of the child in series of cases. In other words, we may attempt to establish the fact as to whether a large placenta means a large child or whether the size of the former has really little to do with the weight of the latter.

In order first of all to get at the average weight of both placenta and child, I have taken four hundred cases from the records of the Woman's Hospital and have used the results obtained as a standard for comparison.¹ These cases were all normal and the children, with two or three exceptions, survived for a period of at least ten days following delivery.

Taking the four hundred cases, we find that the average weight of the child is seven pounds and three ounces, while that of the placenta is one pound and three ounces—a ratio of six to one. If we now take the child pound by pound from the smallest to the largest born at term, we find that the placental weight, with one exception, gradually increases with that of the neonatus.

Thus of the whole number of cases:

Children weighing 3-4 lbs. have an average placental weight of	16	oz.
" " 4-5 " " " " " "	" " 13	13-16 "
" " 5-6 " " " " " "	" " 16	35-45 "
" " 6-7 " " " " " "	" " 17	72-94 "
" " 7-8 " " " " " "	" " 19	6-77 "
" " 8-9 " " " " " "	" " 20	42-70 "
" " 9-10 " " " " " "	" " 21	1-6 "
" " 10-11 " " " " " "	" " 25	3-8 "

It is not evident why children of between 4 and 5 pounds should have a placental weight so markedly below the average.

¹ The selection of four hundred absolutely normal cases from the hospital records implies a very considerable amount of work, and I am under obligations to Dr. Mary G. Haskins and House Physician, Dr. Julia A. Wood, for their careful examination of a large number of clinical charts from which these cases were taken.

Theoretically, it is possible that the diminished weight of the placenta explains the lessened weight of the child, the latter failing to grow, although healthy, on account of diminished nourishment, or that in these individual cases the normal weight of the child having been reached, some inhibitory influence is exerted on the placenta whereby its production of food supply is limited only to the actual demands of the fetus. It might be entirely possible that the placenta from its complete formation contains less gross substance but a larger and more active cell area, so that, had these children been born prematurely or, on the other hand, had they passed the 280 days limit, the placental weight would have remained the same in either instance. We often see small people who eat inordinately and yet never put on flesh; and the small and insignificant breast may secrete large and often enormous quantities of milk.

Coming now to the influence of multiparity on the weight of the placenta and child, we find that the weight of the average offspring, regardless of sex, of primiparous mothers is *seven pounds and one ounce*, and that of the placenta is *eighteen ounces and one-half*, a slight diminution in the normal average weight of both.

In the instance of the multiparous mother the converse obtains; the weight of the child is augmented 7 pounds and 4 3-8 ounces, while the placenta remains at the average weight.

Sex appears to exert some influence as regards the weight of the child, but has little effect upon that of the placenta. Thus the average weight of the male child is 7 pounds 4 ounces, that of the female 7 pounds 1 ounce. The respective placentas weight 18 2-31 ounces and 18 2-3 + ounces.

It is interesting to note that among the four hundred cases the largest child, a male, weighed 10 pounds and 8 ounces (placenta) weight 28 ounces; (multiparous mother); the smallest child, a female, 3 pounds (placental weight 16 ounces; mother not stated.) The largest placenta weighed 40 ounces (male child, 8 pounds 11 ounces; primiparous mother); the smallest placenta weighed 6 ounces, (female child, 6 pounds 12 ounces; primiparous mother).

Conclusions: The figures above presented are interesting on many accounts. They at least indicate that, as a rule, the development of the placenta goes forward with that of the child, and its size may be taken ordinarily as an index to the weight development of the latter. It is further shown that, while there may be individual variations, in any given number of cases, these will not be sufficiently numerous to greatly influence the normal weight ratio between child and placenta, that is, $6 + : 1$.

The Prophylaxis and Treatment of Prolapse of the Uterus¹

By JAMES N. WEST, M. D.,

Professor of Diseases of Women, New York Post-Graduate Medical School and Hospital.

[*Post-Graduate*, February, 1908]

THE need of skilled obstetricians and gynecologists has never in the history of the world been so great as that of the present time.

With the increased development of the brain, which comparative ethnology shows to have taken place in the civilised nations, and the consequent increase in size of fetal heads, there has been, unfortunately, no corresponding development of the pelvis to accommodate them. On the contrary, the habits of women in civilised communities are such as to add to the difficulties of parturition caused by large heads, those of small and more or less contracted pelves. To these obstacles to labor is still further added that of the more or less increase in rigidity of the muscles as well as of the articulations of the pelvic bones due to late child bearing. The young savage maiden begins to breed as soon as she has reached puberty, while among civilised nations breeding begins often at a much later period.

Thus Nature tends to hold to a certain type and measure, for the larger the fetal head and the more imperfect the maternal mechanism of reproduction, the greater will be the fetal as well as the maternal mortality in parturition, and also the more frequent will be maternal injuries; and secondarily the establishment of pathological conditions which will prevent future conceptions. The future promises no cessation of these difficulties but rather their increase.

Aside from the motive of humanity which calls for relief from the dangers and suffering incident to parturition, is that of the necessity of the race to preserve the type of the *Genus Homo* with the big brain. This task is the one assumed by obstetricians and gynecologists, and as civilisation advances their work extends and becomes of greater and greater importance.

Among the disabling and painful conditions which may be traced chiefly to the injuries of parturition, prolapse of the uterus is one of the most striking, complicated and difficult to cure; and as in other branches of medicine, prevention offers by far the broader and more useful field of endeavor. It is as a rule so very much easier to arrest a prolapse in its early stages and to prevent its occurrence than to cure it when once established, that it is chiefly the hope of doing some good by calling attention

1. Read before the Clinical Society of the New York Post-Graduate Medical School and Hospital, January 17, 1908.

to this fact which has tempted me to present this subject to you. In order that the statements which follow shall be clearer, I shall present in brief my conception of the forces which maintain the uterus in its normal position.

There are two sets of direct supports; first, those which suspend the uterus and other pelvic organs within the pelvis, the broad ligaments extending from side to side, the utero-sacral ligaments and subvesical fascia which form a ligamentous chain from before backward, and the round ligaments which aid in maintaining the uterus in its forward position. Secondly: The muscles and fascia which close the pelvic outlet and act as the buttress or reinforcement of the intrapelvic supports; of these the most powerful and important are the levator ani muscle and fascia, which in turn are reinforced by another buttress consisting of the muscles, fascia and connective tissue of the anterior part of the perineum which lies anterior to and below it, chiefly the sphincter vaginae and the transversus perinei muscles with their accompanying fascia and connective tissue. Finally, the intra-abdominal pressure which, acting on the posterior surface of the uterus, holds it forward so that when the bladder is empty the uterus lies in a position almost parallel with the axis of the outer part of the vagina. It is upon the integrity of these forces that the maintenance of the uterus in its normal position depends. It is not necessary that there should be an actual solution of continuity in any of the structures constituting the ordinary support of the pelvic organs, but a superimposed weight may be too great for their natural strength, or a loss of tone in the structures themselves may be such as to cause them to fail in their function of supporting organs of normal weight.

In the female pelvis there occurs a distribution of plain muscular fibres which imparts a peculiar property to the connective tissue so freely distributed here and plays an important part in the changes which occur during pregnancy and in the act of parturition and in the processes of involution which take place afterward. It is a well established fact that nonstriated muscular fibres are found in the broad ligaments, the uterosacral and the ovarian, while the round ligaments are practically composed of them.

In regard to the distribution of the pelvic connective tissue, Von Rosthorn states that the cervix is its center, from which processes of more or less dense connective tissue radiate in different directions in the midst of the more lax connective tissue. It extends to the sides of the pelvis through the basal portions of the broad ligaments, to the posterior portion through the utero-sacral ligaments and to the anterior through the vesico-vaginal

septum. Waldeyer states that the relations of the pelvic visceral connective tissue are very important, especially that portion which extends from the posterior inferior portion of the bladder and which is very strongly developed. It runs along the base of the broad ligaments and unites the paracystin, paraproctin, and especially the parametrium and paracolpin with the lateral walls of the pelvis. This is the most complete and terse statement of the arrangement of the pelvic connective tissue which has ever come under the observation of the author.

The existence of fascia beneath the bladder and above the vagina has been positively denied by some authors and equally positively affirmed by others. I have repeatedly gathered up and stitched there what I believe to be a continuation of the rectovesical fascia which forms a slinglike process beneath the bladder, being an offshoot from the pelvic fascia at the sides and attached to the cervix behind and the pubes in front. It is this fascia which, together with the utero-sacral ligaments, forms the antero-posterior ligamentous chain which is such an important element in sustaining the uterus. The great importance of an appreciation of these supporting structures and of the connective tissue especially, *i.e.*, aside from the muscles, is tersely put by Savage, who says: "Permanent cure of uterine prolapse depends chiefly upon the elastic qualities of subperitoneal pelvic connective tissue. The latter always retains its relation with the displaced organs as well as with the pelvic vessels. Owing to the slow progress of the prolapse, the connective tissue yields to an enormous extent; but the fibro-elastic elements of its structure will very often enable it to return eventually to its normal condition if relieved from the weight of its prolapse."

The conditions which favor overstretching of the pelvic connective tissue and prolapse are:

1. A solution of continuity of greater or less degree of the muscles and fascia of the pelvic floor.

2. Conditions which cause loss of tone or resiliency, as inflammatory conditions, the presence of necrotic material in the uterus obstruction to the local circulation, and constitutional conditions.

3. Those which cause an increase of weight in the pelvic organs beyond that which their supports were intended to bear, as tumors or subinvolution.

4. Alterations in the position of the uterus in regard to the direction of its long axis and consequent alteration of the effect of intraabdominal pressure. All or any of these conditions may exist in combination.

The provision of Nature whereby a large canal leading from within the body may remain closed when not performing its

function and closed with such firmness that no descent of the intraabdominal contents occurs, is that of oblique penetration. The inguinal canals offer an example of this, the course of the canal being oblique, the intraabdominal pressure is met at every point by the full thickness of the abdominal wall. In the example of the vagina, the opening of which lies directly under the pubic bone, the axis of the canal is such that the intrapelvic pressure is at right angles to, and its full force is met at every point by, the powerful levator ani muscle and fascia and the muscles of the perineum.

When the levator ani and perineum, one or both are lacerated, the direction of the intraabdominal force becomes more or less straight instead of oblique and the lower support being removed the whole strain falls on the intra-pelvic ligaments and connective tissue. When these begin to stretch and give way the cervix swings further in toward the pubes and the fundus backward and the first long stride toward procidentia has begun.

The first important step, then, in prophylaxis in such cases is early and thorough repair of the perineum and posterior vaginal wall. This principle is recognised by many but the details of the operation are often carried out so poorly that the patient is worse off than if no operation had been done, for she now is placed in that position of false security brought about by the delusion that her injury has been repaired. From a very extensive experience in teaching plastic surgery on the living subject I am convinced that no common operation is so little understood and meets with such uniform failure as that of repair of laceration of the perineum. I try to have my students forget the names of operations but to study the nature of each laceration presented and to repair it in accordance with the conditions found and with the appropriate suture materials, and the application of the proper mechanical principles in using them and almost equally important, the proper treatment of the cases after they have been operated on.

"Conditions which cause loss of tone or resiliency, as inflammatory conditions, the presence of necrotic material in the uterus and obstructions to the local circulation and constitutional conditions."

Here alone is a vast useful field for prophylaxis.

The inflammatory conditions referred to are particularly those of mild degree such as may be set up during the healing of a lacerated cervix or the presence of endometritis fungosa, and last but most important, the presence in the uterus of the products of conception imperfectly discharged.

I believe that every case of abortion should be curetted, have

the uterus thoroughly washed out and painted with pure carbolic as soon as it is positively ascertained that abortion is inevitable and the cervix has become dilated. This should be done as a regular operation under an anesthetic and with the most rigid asepsis carried out. Proper attention to the patient afterward is here of very great importance. Thorough emptying of the uterus in labors at term need hardly be mentioned here, for if this is neglected and portions of placenta are left behind the patient will hardly live to have a prolapse.

Under the head of obstruction to the local circulation, aside from laceration of the posterior vaginal wall and perineum, laceration of the cervix is a most frequent cause also, inducing in a great number of cases endometritis fungosa. Such lacerations as are of sufficient extent to cause symptoms should be repaired within the first six months after their occurrence and in most instances should be accompanied by a light curettage. Such operations are by no means easy of performance and many of them require a high degree of technical skill.

Aside from the local causes mentioned which may cause loss of tone and prolapse, are constitutional causes and occupation. Certain cases where no injury of any kind has occurred show prolapse. This in many instances is undoubtedly due to the general lack of tone throughout the body and to poor nourishment and poor hygiene.

The statistics of the German clinics tell us a pathetic tale of unsuitability of women to do the heaviest work. Nearly every German clinician states that this condition is found chiefly among the laboring classes and those especially who have great burdens to bear or to make great physical exertion.

Döderlein and Krönig state that in the material of the Tübingen clinic, prolapse forms 12% of the cases and gives the most frequent indication for operative interference.

It occurs most frequently between the ages of 36 and 56 years and only 2% of the prolapse cases in this clinic had not borne children. Then with the first symptom of prolapse in those of a general atonic condition, in addition to a local support such as a pessary, every effort should be made to promote the general welfare of the body, fresh air, nutritious, simple diet, exercise, massage and proper medicinal tonics, of which strychnine should form the most important element. Where the prolapse appears to be due to occupation this should be changed if possible and a pessary applied. The use of the pessary finds its best field in early prolapse cases, but those who wear pessaries should be under the constant observation of a physician who understands their use.

"Those conditions which cause an increase of weight in pelvic organs beyond that which their supports were intended to bear as tumors or sub-involution."

The prophylaxis in the case of tumors is to remove them and that for the cause of sub-involution has already been dealt with under other headings. In addition to the appropriate surgical measures of repair of the cervix and curettage may be mentioned constitutional and local treatment; under the former may be included measures of hygiene as proper exercise and fresh air, massage and medication; under the latter medicated tampons and hydrotherapy almost any of these subjects would be alone a theme for a paper.

"Alterations in the position of the uterus in regard to the direction of its long axis and consequent alteration of the effect of intraabdominal pressure and resistance."

This heading included most prominently retroversion in its varying degrees, and presents probably the most fruitful field for prophylaxis.

Retroversion is almost always a necessary stage in the course of the formation of prolapse which leads to procidentia. A very large proportion of the retroversions following labor or abortion are easily preventable.

T. A. Emmet says that procidentia may be due to an enlarged uterus remaining settled from some cause on the floor of the pelvis after labor. The author has found retroversion in his clinic most frequently to be due to the uterus having settled back into the hollow of the sacrum after labor. If this displacement is corrected early and the uterus held forward by an artificial support, such supports need be, as a rule, only temporary, for by their union with other measures to promote involution the normal tone of the connective tissue and ligaments may soon be restored and the uterus naturally remains in its proper position.

Directly in proportion to the duration of time from the occurrence of the displacement do the chances for restoration by such palliative measures diminish. It is this form of retroversion added to a moderate tear of the levator ani and fascia which most frequently leads to procidentia. A woman may endure this condition comparatively well until the climacteric, when the atrophy of tissues which had until then been strong enough to hold the uterus up occurs and in a comparatively short time procidentia will occur. Should we then fail by palliative measures to cure a retroversion, a suitable operation should be performed.

Every woman after confinement at term or abortion should

be examined several times at intervals of about five days to ascertain whether the uterus is coming to its proper position or not.

I prefer to make my examinations, ten, fifteen, twenty and twenty-five days after labor. If all has gone well until then displacement is not apt to occur. This, as I have said before, is, I believe, one of the most fruitful fields of prophylaxis against prolapse and procidentia. The scope of one paper will only admit of a very condensed presentation of this subject and I therefore proceed to a brief consideration of the treatment of procidentia.

We must recognise at once that since this is often a disease of the aged and infirm, and becomes more distressing as age advances, there must be many cases which on account of general infirmity and complicating diseases are far beyond the reach of operative interference. Such cases must of necessity be treated in a palliative way. Here we must resort to decubitus, pessaries, balls, and etc. To me the most generally satisfactory instrument has been the hard rubber ring with large calibre and comparatively small opening. The hard rubber discs with small openings in the center have proven too irritating. The large rubber ring with small calibre is dangerous. The whole uterus and vagina may prolapse through such an instrument and undergo gangrene. The author only averted this with a patient by sawing through such a ring at its most dependent point with a wire saw, protecting the parts beneath with a thin spatula. However, with all the care and ingenuity it is most difficult to make such patients comfortable.

The cases which are operable have called forth the greatest ingenuity and the most strenuous endeavors for their relief.

An absolutely satisfactory procedure has not yet been devised and this fact is emphasised in the more recent efforts of German surgeons for whom the problem seems to be an even more serious one than for us here in America.

Döderlein and Krönig give an interesting history of some of the more radical measures of which I shall herewith present an epitome.

"Hysterectomy for prolapse was performed by Langenbeck in 1813, Gebhardt 1836 and 1837, Jürgensen 1838, Edwards 1864. Choppin for the indication of prolapse only in 1867. Kaltenbach encouraged by Czerney's vaginal extirpation for carcinoma placed the operation for procidentia on a firm basis; since after extirpation of the uterus the loosened vagina fell forward, Kaltenbach performed anterior and posterior colporrhaphy at another sitting as a conclusion.

"Fritch later removed in the worst cases also the greater part of the vagina with the uterus. Martin recommended extirpation

of the uterus and the whole vagina for the worst cases. At a gynecological meeting in Frankfurt the following operators accepted total extirpation of the uterus and vagina as the proper procedure under conditions which follow: Bouilly, Richelot, Terrillon, Gouillioud, Pozzi, Quesnu, Ségond, and Lejos; provided (1) that the patient should be in or beyond the climacteric.

"2. The totally inverted vagina should contain the totally prolapsed uterus.

"3. The vagina has upon it in addition to great hypertrophy multiple ulcers.

"4. Excluding as contra-indications those in very old age or having complications of severe illness."

The author does not feel that the above view should be accepted as he has never seen a case of procidentia where the proper treatment which will be briefly described later would fail to heal the ulcers and reduce the hypertrophy after which other less radical and much more satisfactory measures could be used. Also some of the most miserable human beings the author has ever seen have been women upon whom the removal of the vagina, uterus and ovaries has been done for prolapse.

The author believes that a properly performed Lefort operation with the appropriate plastic work accompanying it would meet the indications in any case in which the above mentioned operation might be considered by its advocates to be suitable and without the evil consequences.

Operation of Freund.—This was devised in order to use the fundus of the uterus as a plug in the vagina to help to prevent its own descent. In this one, incision is made in the posterior vaginal fornix and the uterus is revolved backward upon its axis and the fundus brought down into the vagina. The uterus is sewed in this position to both anterior and posterior vaginal walls and an opening made in the fundus for drainage. This is not extensively endorsed in Germany. The former operation of Freund consisting of successive rings of silver wire buried beneath the mucous membrane of the vagina has proved to be a failure.

The author can not conceive that either of these operations should ever be performed.

The Schauta-Wertheim is a modification of the Freund. They dissect the bladder well away from the anterior vaginal wall, make an incision through the peritoneum at its utero-vesical fold and bring the uterus forward, stitching it under the bladder and partially covering it with the flaps of anterior vaginal wall, completing the operation by a posterior colpoperineorrhaphy. This allows the cervix to drain into the vagina and leaves this canal still patulous.

The latter operation is one of the recent developments in Germany of the treatment of procidentia.

I trust that I may be pardoned for the criticism which seems to me to be almost presumptuous, but I can but feel that all those destructive operations and deforming operations which involve the placing of organs in abnormal positions are based upon wrong principles, and that the greater the extent to which they are followed out the greater the sum total of human sufferings. We well know the distressing symptoms produced by displacements of the uterus of the ordinary type, and experience has taught me, through the study of some of those unfortunate subjects of deforming operations that the suffering produced by the operation is actually greater than that caused by the original disease.

Complications may make hysterectomy necessary in some cases, but as an operation of preference I could never consider it. In America the weight of the best opinion also favors this view. In the course which I pursue in the bad cases a long preparation by rest in bed with the foot elevated, and copious astringent hot douches forms an essential feature. To this should be added scientific massage, a good and nutritious diet, and a tonic of which strychnine shall be the chief basis.

Under this regimen ulcers of the vagina or cervix will heal, involution will take place in all the hypertrophied structures, and the pelvic connective tissue will in a large measure regain its tone and the organs their natural relation.

When the maximum amount of benefit has been attained the patient is ready for operation. A complete detailed description would carry this paper to too great a length. I would simply say then, that in most cases the levator ani and perineum are carefully repaired, the anterior wall has a radical operation made upon it, often the cervix is amputated and ventral fixation of the uterus made. Some variations are sometimes made but it is my good fortune to have cured, absolutely, a fair number of very bad cases of complete procidentia without using any of the destructive deforming operations of which I have had some opportunity to see the bad results.

The details of the preliminary preparation and of the plastic operations and the fixation of the uterus and the question as to whether the patient should be rendered permanently sterile are all of the utmost importance and would form in themselves a subject large enough for a separate paper. I will therefore close with a strong appeal for a more thorough prophylaxis and a rational operative procedure, which shall have for its chief aim a restoration to natural conditions.

DISCUSSION.

PROFESSOR WARD.—If I understand Dr. Waldo correctly, his operation is to produce a marked anteversion of the uterus. His method of opening the anterior vaginal wall is very familiar to me. It has been advocated by Dr. Goffe of this city very extensively. In this way diseased organs are attacked through the anterior rather than the posterior fornix. Making a T-shaped incision and anteverting the uterus through the wound is not difficult. As an illustration of this I will mention a case where I was curetting a uterus some years ago. The uterus was very soft and the walls very thin, following miscarriage, and the curet went through the fundus without my realising it. It was a private case and I knew that the wound should be repaired at once as the curet was a large one. The expedient of making a T-shaped incision, as suggested by Dr. Waldo, was very easily followed out in this case, the uterus anteverted into the vagina and the rent repaired. Cystocele, which is hernia of the bladder, can be cured by this same procedure, advocated by Dr. Waldo for prolapse of the uterus. I do not rely upon the Sims, or Stoltz operations, or other of that type for the cure of cystocele operation, but believe we must first free the bladder from vagina and uterus and then attach it higher up. Noble, at the American Medical Association, last June, gave credit to Dr. Hadra of Texas, who was the first to recommend freeing the bladder and fastening it higher up.

Subinvolution is one of the most frequent causes of proci-dentia. Subinvolution applies to the vagina, which has been stretched in allowing the child to come through, and to the ligaments, which have been stretched in carrying the child to term, as well as to the uterus. With slack ligaments, a large, heavy uterus, and a lax vagina we have all the conditions which would tend to cause the uterus to fall out. The blame, in many cases, so far as prophylaxis is concerned, is traceable to something going amiss during the child-bearing function. It is the man who puts on forceps without remembering that in so doing he must closely imitate Nature, who is responsible—that is, he must complete the first stage of labor before beginning the second. He puts one blade of the forceps through a partially dilated cervix, then the other, then locks them, and tries to bring both of them at once out of the same sized opening. The result is a severely lacerated cervix which leads to subinvolution and its sequelæ. If he lacerates the pelvic floor as well he probably looks at the perineal body and does not see it torn, but fails to look *inside* the vagina, to see if there is a tear in the sulcus.

I am glad to hear Dr. West say he believes in the radical operative treatment for abortion. I read a paper before this Society some years ago in which I recommended treating abortion by the operative rather than expectant plan. I believe abortion is one of the most frequent causes of subinvolution. If a patient gets up, as she usually does, with a heavy uterus and sub-

involted ligaments, she may have prolapse from subinvolution following abortion just as after full term. I believe in making an operation of every inevitable case of abortion, putting the patient under an anesthetic, curetting and washing out the debris.

I agree with Dr. West regarding the preparatory treatment of these cases of prolapse. With rest, nutrition and improvement of the general health, as suggested by him, it is surprising to see the difference in the appearance of the parts after a few weeks. Where we have supposed that it would be impossible to do anything but a radical operation it is often possible to cure the patient by milder means. If a woman is near the menopause we have a choice of methods, none of which are perfect, I have tried nearly all. One which I have done a number of times is to amputate the uterus above the cervix, stitching it to the abdominal wall. We cannot be certain as to the result. Many of these cases are very trying, and the court of last resort, where absolute failure by other methods has occurred, is the operation described by Edebohls, his panhysterocolpectomy. It is only in selected cases, however, where such an operation is advisable.

PROFESSOR GRABER.—One of the fundamental questions in connection with procidentia is the causation, why some women have prolapse of the uterus and others do not. In order to understand the causation we must consider the formation of the pelvis, the peculiar inherent condition of the woman's tissues. Some women will not have prolapsus uteri no matter what is done to them. In some women the tissues are such that the perineum may be torn into the rectum and there will be no prolapsus, there being a sort of retraction toward the sacrum which does not permit of the uterus coming down. Again a woman who is prone to relaxation of her tissues will have a general tendency to prolapse, and the parts may begin to come down long before she gives birth to children—often there is a rolling out of the anterior and posterior vaginal wall in women who have never borne children.

We do not recognise sufficiently the effect or the symptoms that an ordinary descensus will cause. The ordinary first degree requires a great deal more attention than is usually given it. The axis of the vagina, that is, the pelvic outline in cases of ruptured perineum is more or less in line with the abdominal axis, and whatever operation is performed will have to change the vaginal outlet so that there is not that direct pressure downward. In order to accomplish this, every operation will have for its purpose putting the uterus in anteversion. With the uterus anteverted there will be no prolapsus. On the other hand, retroversion is always an accompaniment of procidentia.

With the proper pessaries a great deal can be accomplished for these women, to such an extent that they need not be operated upon in many cases. The large, narrow ring should not be used. The uterus dips into it and gradually goes down and through it until we find it coming out. If, on the other hand, we use a ring

which is thick it will hold the uterus in position if there is any perineum at all. Now and then we can tampon with some astringent powder, the tampon to be left in for a week. If relief can be given by a simple procedure of that kind I think it is well enough to employ it. The pessary must be removed every six weeks or three months at most to be cleansed.

As to operative treatment it is well if we can give tolerable assurance that we can give permanent relief. We cannot exactly do that now, but at the same time every operation devised for this condition of affairs will give a certain number of cures. It is by experience, by long, hard work, that we learn what operation in a particular case will accomplish a cure. Suspensions are not successful. Alexander's operation, thought at one time to be a method of cure, after all, is only a factor in drawing the uterus forward and is practical only in partial descension. Some have worked on the utero-sacral ligaments. If we could make a proper utero-sacral ligament we could prevent the uterus coming down, but inasmuch as we have no way of making a ligament strong enough to hold the uterus in position, this method is not a success. The one operation which seems to be most satisfactory is the one described by Dr. Waldo. If we can devise an operation for drawing the uterus in anteversion, close up the outlet and bring the uterus as much forward as possible, we will go a long way toward curing this condition. No operation which will not hold the uterus in an anteverted position will be successful.

DR. BANDLER.—I have had quite an extensive experience in operating by the method described by Dr. Waldo, and I think it offers the best results. Not only does it bring the uterus forward but it puts the bladder upon the first surface of the uterus and so prevents cystocele; at the same time we are able to do an extremely high amputation of the cervix, which leaves a very small uterus. Furthermore, we can excise a large area of the posterior fornix and finally a posterior colporrhaphy, particularly a colpoperineorrhaphy. The bladder disappears from the field of operation, the fundus stays forward, and in a large percentage of cases we have effected a cure. I have had only one failure. An important element in this operation is the small amount of shock. I have just operated by this method upon a woman 65 years old who was returned to bed with a pulse never beyond 72 and who was in splendid condition the next day.

I agree with Dr. West in the essential features of his paper, especially in the matter of prophylaxis. We must watch these cases after labor and should never consider a woman released from observation until the uterus and its ligaments as regards size and position are entirely normal. This can best be accomplished by rest, douches, tampons, pessary, and particularly by correcting subinvolution and retroversion. The instant you have sagging and retroversion you have the elemental stage of procidentia. It is this sagging, or descent, which may well be called hysteroptosis, which brings the cervix downwards and forwards

and so causes the fundus to fall backward into retroversion or retroflexion.

PROFESSOR WALDO.—I am glad Professor West brought out the importance of treating these cases in their incipency and of correcting those conditions which lead up to procidentia. I am also glad to hear him say he *treats* abortions.

In a general way, I should say that pessaries are important, but they are of only temporary benefit.

In the operation of Dr. Goffe he goes in and cuts the peritoneum transversely, which is a very good method where the round ligaments are to be shortened, but he never closes the peritoneum separately. With decided fixation of the uterus subsequent pregnancy will give rise to very serious complications.

I want to emphasize the fact that the first step of procidentia is retroversion, and two other steps that follow very closely on that are rectocele and cystocele. Without those three conditions you will not have procidentia. I have had similar experiences to those of Dr. Ward in cases of complete procidentia. I have performed ventral fixation and suspension, I have tried the Emmet and Stoltz operations for cystocele and the old elliptical incision, and I must say that I have not been very successful. I am not speaking of those cases where everything comes out before the patient is married. No one operation will cure everything. The operation of which I have spoken is the outcome of the work of a number of operators, but the particular method which I have described, and which I have followed rather closely in attaching the uterus anteriorly is that of Professor Dührssen.

PROFESSOR WEST.—Some of the gentlemen have had a tendency to attack the uterus and remove it, and for that reason I have attempted to emphasise prophylaxis. Those who have spoken tonight are in accord on that subject, and also with reference to the method. We have in my service in this hospital a great many cases of procidentia, all operated upon in more or less differing ways according to the case. I have here the uterus removed from a patient who had double pyosalpinx. There was no reason for saving the uterus, it being in a state of complete procidentia. The cervix shows actual hyperplasia; it is at least half an inch longer than the body. We sometimes have cases where the cervix is outside and yet the uterus swings up in almost the normal position.

Our Back Yard Dairy

By W. SHELDON BULL

(From the *Good Housekeeping Magazine*, for April, 1, 1908. By permission.)

IN spite of the increase of knowledge concerning the production and care of milk, the fact remains that ordinary milk, while of almost universal use, is the most uncleanly article of food on the table." So declares Dr. C. W. M. Brown at the annual meet-

ing of the American Medical Association in 1906. The *Lancet* of September 7, 1907, said editorially that "the second report of the royal commission on human and animal tuberculosis is of itself sufficient to put beyond any doubt the serious danger of contracting tuberculosis to which the community is daily exposed by means of the milk of tuberculous cows."

In the absence of practical protective measures on the part of the general and state governments, sufficiently comprehensive to guard the interests of the entire population, a great debt of gratitude is due the public-spirited and progressive health officers of a few of our cities, who, by rigid inspection, and by insistence upon the necessary sanitary precautions on the part of both dairymen and dealers, are doing their best, under totally inadequate laws and against tremendous odds, to insure a pure milk supply for their respective cities. The degree of protection afforded these fortunate cities is, however, at the best but small.

When the health department of one of these cities locates a tuberculous cow at a farm, in the immediate vicinity, or one fifty or one hundred miles away, the milk from that cow can be excluded only from the city concerned; it may be sent to another city or town having either an inefficient health department or none at all, or situated across the state line, and thus imperil the lives of those who consume it. The effort to protect the health of their own townspeople on the part of these comparatively few health officers is naturally not widespread enough to more than skim the filth from the top of Uncle Sam's great big milk pail.

Notwithstanding the fact that we are residents of a city so fortunate as to possess a health commissioner whose intelligent zeal and advanced and original methods in dealing with the important problem of a pure milk supply have given him a national reputation, an earnest desire to become independent of the milkman and his milkman's milk," induced us to take up the study of capriculture. The fact that the milch goat, unappreciated, neglected and much ridiculed in this country, is practically immune from tuberculosis, together with her numerous other good qualities, led us to take up the question of her availability as a source of supply of pure "homemade" milk for family use.

Dr. J. Finley Bell, in a paper, on "Some fat problems and goat's milk in infant feeding," read before the New York Academy of Medicine, claims the following, among other advantages, for the milch goat: "She is more docile, less excitable, not subject to tuberculosis or other disease in this climate. Being a browser rather than a grazer, she will thrive where cows would not; and, above all, she is cleanly. Her excrement is solid and her tail short, consequently she is not covered with manure as is the

cow. It is safe to assert that the production of cow's milk free from manure bacteria is commercially impossible. Not so with the goat; she can be easily washed (tubbed, if necessary), and aproned for milking."

With a view to experimenting as to Nanny's capability for furnishing a city household with its daily milk supply, we have established a small goat dairy in our own back-yard, in the heart of the residence district of a large city.

Not a few of our friends assured us that we should find it impossible to use the milk, owing to a "goatish" taste. As none of these kind counselors had ever tasted goat's milk, we preferred



Young Saanen Doe from Switzerland

to rely for authority on that subject on the statements made by those who have made a scientific study of the milch goat for many years. We quote from an English authority as follows: "Contrary to the usually accepted theory, there is no unpleasant flavor to the milk if conscientious cleanliness in the care of the goats is maintained. In countries where sterilising the milk pail and bottles and washing the hands before milking are not much thought of the milk may possibly acquire a peculiar taste." A German authority says: "An aftertaste of goat's milk, according to statement of veterinarians, should not exist, and if any such taste or smell does exist, it must be traced to unclean stables or bad feed. Even cow's milk very frequently smells badly under these conditions." Since becoming milch goat keepers we have

found from actual experience that the milk is not only delicious in flavor, but that it is much richer than cow's milk.

At the beginning of our experiment we decided that, instead of investing in imported does, it would be more practical and less expensive to purchase a goat of our native common stock, good specimens of which we had been informed might be found in the outskirts or foreign quarters of our city, and very often bought for a small sum. Trips to these outlying districts, in quest of stock for the nucleus of our goat dairy, we found both novel and instructive. Having discovered a promising-looking doe, the next step was to get information in regard to her owner, her milk yield and her price. The answer to the first of these questions we usually obtained from the children of the neighborhood, who were more numerous than the goats, and who, upon the judicious bestowal of a few pennies, readily pointed out the goat owner's abode. As there is no established price for the native goat, several excursions of this kind were necessary before we found a goat just suited to our mind, and when discovered, it took some bargaining before we became the proud possessors of our first Nanny.

As she was nearly dry, we decided to postpone the date for actually establishing a home dairy, and to board the doe for the winter in the neighborhood where she was purchased. As goats are proverbially prolific, we set about securing an increase in the size of our "herd" of one by breeding Nanny to a pure-bred Toggenburg buck of imported stock.

In regard to breeding milch goats, the late Mr. George Fayette Thompson said, in a bulletin entitled *Information Concerning the Milch Goat*, compiled by him for the United States department of agriculture: "With goats, as with other domestic animals, it is very essential that the best buck possible be employed. One should always avoid what are usually referred to as 'common' bucks." We experienced no great difficulty in securing the services of a pure-bred buck, as a number of fine specimens of the Saanen and Toggenburg breeds were brought to this country in 1904 by several goat fanciers, who united in making the importation. There were also imported a number of Saanens, Toggenburgs and Schwartzenburg-Guggisbergers in 1905 and 1906. These goats and their off-spring have become scattered throughout the United States. Information concerning the whereabouts of these imported animals, also copies of the Thompson bulletin (No. 68), may be obtained by applying to the bureau of animal industry, United States department of agriculture, Washington.

Our breeding experiment has resulted in two fine half-bred Toggenburg kids, a buck and a doe, both hornless and unusually

large, notwithstanding the fact that their mother has a well-developed pair of horns and is rather small. These kids, together with two imported pure-bred Saanen does, since purchased, now comprise the herd of our "back-yard dairy."

The Saanen milch goats are pure white or cream white in color, usually hornless, much larger and finer than our native goats, and are noted as milk producers, having been bred for centuries in Switzerland with that object in view.

In regard to the care of our goats, a suitable stable for their housing was naturally our first consideration. This was built at



The goat barn, showing muslin system of ventilation

a trifling expense, being nothing more than a shed of rough, second-hand lumber, covered outside and lined throughout inside with tar roofing paper, and lighted by several windows on the south side. We use the "muslin system" of ventilation, having filled in the upper panels of the door, which is situated at the east end of the shed, and also one of the window frames on the south side, with unbleached cotton in place of glass.

We were so fortunate as to be favored before the shed was entirely completed, with a visit from Dr. E. M. Santee, assistant dairyman of the United States department of agriculture, an expert on the subject of "muslin ventilation," and in accordance

with his suggestion we made the ventilating spaces larger than we had at first contemplated.

This shed of homemade construction, while not a thing of beauty, has proven to be dry, warm, light and well-ventilated. It is situated in the northwest corner of our thirty-foot front city lot, the rear forty feet of which is fenced off with wire fencing, giving the goats an inclosure for exercise in pleasant weather, and yet keeping them from nibbling the plants and shrubbery in the forbidden territory of lawn and flower bed next to the house.

A long plank, resting on two posts set in the ground, and an old crate with a plank leaning up against it, satisfies the kids' propensity for climbing and jumping. An outdoor gymnasium of this sort not only affords an opportunity for much needed exercise on the part of the growing kids, but also furnishes much amusement to anyone who has the time to watch the antics of these graceful and playful little animals. A quantity of brushwood heaped about the shade trees situated in the rear of the goat yard affords an opportunity for browsing and bark-peeling, while protecting the bark of the tree trunks from the caprine teeth.

While constitutionally a very hardy animal, the domesticated goat is more delicate than in its wild state, and while of all domestic animals the least liable to disease, still it is very susceptible to sharp winds, cold rains or mud. Although our environment makes it impossible for us to give our goats the run of a pasture, we have no trouble in keeping them in perfect health while stall fed by having the yard for their exercise.

We feed them three or four times a day, according to the time of year, only as much as they eat at one feeding being given. This we soon learned to gauge by experience. Their chief feed is hay, supplemented by bran, grain, vegetables and clean kitchen leavings, such as the peelings of potatoes, turnips and parsnips, cabbage leaves, etc. In winter they relish greatly a warm bran mash of about the consistency of dough. The kids we weaned at five or six weeks, feeding them a warm bran mash, rather wet, and later on some green stuff, grain and hay.

With reference to the feed, the methods of feeding, the interior arrangement of the shed, and the care of the goats in general, we have followed, so far as possible, the practice advised by Crepin, the French, Pegler and Hook, the English, and Dettweiler, the German, authorities deriving much pleasure and profit from our study of the works of these authors.

The hay is fed from small hayracks over each little manger, the bars or slats of the hayrack being close enough together to prevent the goats from pulling down more than a mouthful at a time. They are such fastidious creatures that they will refuse

to eat anything that has been trodden under foot or soiled in any other manner.

The art of milking can be acquired by the most unskilled, city-bred person by the exercise of patience and perseverance: patience on the part of the does and perseverance on the part of the milker. While it naturally requires practice to become an adept, a few lessons from one who knows how will greatly expedite matters and prove less trying to those docile animals. They should be milked at a regular hour night and morning. The directions given by Pegler, in *The Book of the Goat*, have been found of great assistance to us in our efforts to acquire the "gentle art."

The goat fancier who cares for and milks his goats himself will soon find that an hour or two a day thus spent will prove a very pleasant and satisfying occupation. The care of these "little giant milk producers," aptly described by Hook as "the most intelligent, the most engaging, and most picturesque of domestic cattle," opens an inviting and useful recreation or occupation, not only to men, but to women and even to children, commending itself especially to those whose health requires some light form of outdoor work, either as a vocation or an avocation. A great advantage, from an economic point of view, is that it requires but a small outlay to establish or to maintain a small goat dairy. In fact, there are few undertakings which can be commenced on so small a scale that can be made to pay so well, both in pleasure and profit.

The importance of milch goat keeping cannot fail to appeal to physicians or to parents of young children, for it has been proved beyond refutation that infants deprived of their mother's milk thrive upon goat's milk better than on that of any other animal. The *Lancet* of May 25, 1907, in reporting an analysis of goat's milk made by the *Lancet* laboratory, says that "there are points about goat's milk in connection with infant feeding which deserve more attention than they have hitherto received. It is well known, for example, that the goat is remarkably resistant to tuberculosis; moreover, the milk appears to be more digestible than cow's milk, because its casein forms a flocculent, rather than a hard, cheesy curd. It has been stated, however, that the unpleasant odor of goat's milk is an unfavorable feature. As a matter of fact, goat's milk can be as sweet in this regard as cow's milk so long as the animals are kept under clean and proper conditions. A sample of goat's milk submitted to us was perfectly sweet to the taste and smell, and there was no suggestion at all of the so-called goat flavor. The milk represents the drawing from a mixed herd which is entirely stall fed, the dry foods

given in the winter being replaced by a liberal allowance of grass and green stuff in the summer. The animals are carefully groomed and their udders are washed daily.

"On analysis the milk gave the following results: Total solid matter, 14.57 per cent; milk sugar, 5.05 per cent; fat, 5.27 per cent; protein, 3.43 per cent; and mineral matter 0.82 per cent. It will be seen that the milk is of excellent quality, containing a maximum proportion of fat."

Retrodeviations of the Uterus¹

By CHARLES L. BONIFIELD, M.D., Cincinnati, Ohio

[From *The Lancel-Clinic*, March 21, 1907]

NO other subject has received more attention from gynecologists during the last decade than the one I have selected to discuss with you this evening.

That so many operations have been devised to relieve patients of symptoms due, or supposed to be due, to retroversion or retroflexion of the uterus is proof positive that other methods of treatment have proven unsatisfactory, and that the operation that will achieve success when used in the indiscriminate manner of the average surgeon is yet to be perfected.

I have no new method of treatment, surgical or otherwise, to offer. I shall speak briefly of etiology, symptoms and complications to open the whole subject for discussion, and express my opinion, based on a fairly large experience, much of it with working women, of the comparative value of well-known methods of treatment.

There are three types of retrodeviated uteri:

1. The congenital. The uterus is undeveloped, and for some reason, probably less development of the posterior than the anterior wall, has assumed the attitude of sharp retroflexion instead of the more common one of ante flexion.
2. Those cases in which the deviation is neither caused nor seriously complicated by inflammation of adjacent structure.
3. Those in which the deviation is caused by inflammation, or in which the inflammatory trouble with the appendages overshadows in importance the deviation.

In the first class of cases the arrest of the development is the essential condition, and the one to which treatment should be directed. Dysmenorrhea is the symptom that is usually present and brings the patient to the gynecologist. An atrophic endometritis usually exists. A thorough dilatation of the cervix, a gentle curettage, followed by tight packing with gauze, may render the

1. Read before the Obstetrical Society of Cincinnati, December 16, 1908.

cervix more patulous, the endometrium more healthy, and thus enable the uterus to perform the menstrual function with little or no pain. It may be necessary to repeat this procedure several times, at intervals, varying from six months to two years. Not infrequently the ovaries share in the lack of development, and their removal may be necessary to free the patient from painful menstruation. Operative or other treatment to correct the retroflexion will be disappointing and should not be resorted to.

Cases of the second class occur in the young or unmarried as well as those who have borne children. In the former the cause is often obscure. The uterus is held in its normal slightly anteflexed position by its ligaments and intraabdominal pressure. The perineum cannot be considered a support, but its injury or destruction allows forces to come into play that have a tendency to displace it.

The ligaments, aside from the round ones, are little more than folds of peritoneum, whose retaining power is not great and which are at a mechanical disadvantage in maintaining the uterus in its normal place and attitude when a woman is in the upright position. If women went on all fours, as did their remote ancestors, the supports of the uterus would answer their purpose admirably well. As it is they are barely able to perform their functions under the most favorable conditions. If their task is augmented by an increase in the weight of the uterus, or if they are weakened by disease or injury, they are not equal to it. Whether it is a version or a flexion that ensues, depends on the tonicity of the uterine muscle and the strength of the sacro-uterine ligaments.

In the unmarried the weight of the uterus is increased by chronic passive congestion, the causes of which are many. Organic or functional disease of the heart is an important one, and disturbance in the portal circulation is another. Exposure during menstruation may check or arrest that function and leave the uterus without the depletion for which it has been prepared by premenstrual congestion. Vaginal injections of cold water are sometimes used to cut short a menstrual period that is interfering with business or pleasure. "Spooning" and the sexual desire it engenders causes a hyperemia of the sexual organs. Suggestive literature and plays act in the same way. Sedentary habits are also conducive to congestion. The supports of the uterus are weakened by anything that lowers the general vitality.

The effect of general vitality on intra-peritoneal conditions is well shown by the experience of a patient of mine. When about twenty-five years of age he was thought to have incipient tuberculosis. He was at least anemic and much reduced in weight. He developed double inguinal hernia, for which he wore trusses

for several years. Horseback riding and diet restored him to vigorous health, and he was able to lay aside his trusses. About five years after he had discarded them a four-months' illness caused the hernias to reappear. They disappeared again when health and body weight were again restored, and have caused no trouble during the ten years that have elapsed since.

The society girl lowers her vitality by late hours, improper food and impaired digestion. The girl who works behind a counter, in a factory or sweat shop, spends so many hours a day in vitiated atmosphere that robust health is impossible. It is probable that venous congestion of the pelvic organs weakens the ligaments, thus the same causes that increase their burden lessen their strength.

Intra-abdominal pressure is reduced by lack of tonicity of the abdominal muscles, which may be brought about by lack of exercise, malnutrition, fatty degeneration, etc. The uterus may be thrown backwards by a sudden jar; a fall in which a woman alights on the buttock seems especially apt to produce this result. Horseback riding, especially by the inexperienced, may readily have the same effect. Constipation may be a cause by pushing the cervix forward. A bladder that is overdistended much of the time pushes the body of the uterus backward, so that intra-abdominal pressure is exerted on its anterior rather than the posterior surface. Tight lacing may aggravate a retrodeviation, but cannot alone produce it. In some cases retroversion seems to be the uterine contribution to general ptosis of the intra-abdominal organs.

In married women who have not been pregnant the causes enumerated for the unmarried are often responsible, but for ungratified sexual desire are substituted over-indulgence and harmful efforts to prevent conception. In child-bearing women involution is a paramount cause of a heavy uterus. Subinvolution is fully as liable to follow abortion as labor at term, and its chief cause is infection, which may be so mild as to attract little attention and soon forgotten by the attendant.

Laceration of the cervix seriously interferes with involution, and injuries to the pelvic floor cause traction on the uterus by the vagina, rectum and bladder, which tends to make the axis of the uterus conform to that of the vagina, to do which it becomes retroverted.

Resuming the upright position before involution has had time to get well under way may cause its arrest, and lying constantly on the back during the days following delivery permits the body of the uterus to gravitate backward. The ligaments have all been stretched during pregnancy, and early rising after delivery allows the uterus to be displaced.

The symptoms of posterior deviations of the uterus are those due to its increased weight, its dragging or pressure on contiguous organs, and those produced reflexly through the nervous system, including a feeling of weight in the pelvis, backache, headache, constipation and irritability of the bladder. Constipation is produced in a reflex, not a mechanical, way. A fibroid tumor growing from the posterior wall of the uterus down near the cervix may attain the size of several times that of the enlarged retroverted uterus without interfering with the passage of fecal matter through the rectum. It therefore seems impossible for the retroverted uterus, with ligaments relaxed as they are, to act in this way. In labor the pressure of the child's head against the rectum often leads the patient to think that she wishes to evacuate the bowels. The entrance of the feces into the rectum is the usual cause of the impulse to go to stool. If this impulse be habitually ignored, the pressure of the feces ceases to excite it. It is not improbable that the persistent pressure of the uterine body against the rectum obtunds its sensibility.

The irritability of the bladder is most marked in those cases in which the posterior deviation is accompanied by a noticeable descent of the uterus.

The complications of the retrodeviations of the uterus are prolapse of one or both ovaries and adhesions fastening the body of the uterus in its abnormal position. For anatomical reasons—slightly lower position and absence of valves in its veins—the left ovary is the more frequently prolapsed. The prolapsus is usually followed by cystic degeneration, and the ovary is found to be smaller than normal. No doubt it is an atrophic change in the ovary as a result of the enlargement of the veins, just as the testicle atrophies from varicocele. The ovary, being a much more sensitive organ than the uterus, its displacement causes symptoms of severer character than the retrodeviation; in fact, those attributed to the latter are at times due almost entirely to the ovary.

Adhesions which are the result of the faulty attitude of the uterus are broad and weblike, and in time become very firm, and occur in those cases in which the taut broad ligaments hold the uterus quiet and comparatively fixed in position. The uterus that flops around like a flail has no more tendency to contract adhesions than the small pedunculated fibroid of the uterus or the solid tumor of the ovary. Adhesions do not aggravate the symptoms materially unless they include an appendage, but render some of the palliative methods of treatment inapplicable.

The diagnosis of retrodeviation of the uterus is made by bimanual examination. It is not difficult, but may require an an-

esthetic to determine the exact condition of the appendages, which it is always important to know before deciding what line of treatment should be pursued.

The indications for treatment are to reduce the weight of the uterus and increase the strength of its supports, or provide new ones. The weight of the uterus may be reduced by rest in bed, hot douches, saline purgation, by tampons, by incising the cervix, and by trachelorrhaphy or amputation of the cervix.

The supports of the uterus may be aided by position tampons and pessaries, by shortening of the stretched ligaments, or by forming new attachments to the abdominal wall or vagina. The reduction in the weight of the uterus should be coincident with, or preferably precede, whatever operation is made to hold it in place. Sometimes a curettage is all that is required, but not infrequently in child-bearing women a trachelorrhaphy or amputation of the cervix is also necessary. In many cases where a cervical operation is not required a preliminary treatment of hot douches and tampons is very beneficial, and will materially lighten the burden the support must maintain after operation. When these operations are needed and the uterus is exceedingly large, it is better worth while to perform them than wait several weeks for involution to take place before operating on its supports. Perineal lacerations must also be repaired. Attaching the fundus to the abdominal wall gives the needed support at the point at which it works at the greatest mechanical advantage. It is easily done and gives satisfactory results even in the hands of an amateur in a large per cent. of cases, though if the attachment is made too low it may interfere with the proper distention of the bladder; if fixed too firmly it raises the uterus too high—substitutes one abnormal condition for another. If the attachment is too small the new ligaments soon become so attenuated as to be inefficient. It has caused trouble in labor in a sufficient number of cases to cause most operators to abandon its use in women in whom pregnancy is possible. It has also led to obstruction of the bowels. Personally, I think it should never be used for retro-deviations.

Vaginal fixation, devised by Mackinrodt and Duhrssen, has not given satisfaction in the hands of many. I was in Berlin in 1892 and saw both of the operators do it, but it did not appeal to me and I have never tried it. It, too, has interfered most seriously with subsequent labor. I think that it is now seldom employed, at least in this country.

The round ligaments, on account of their muscular structure permitting growth and involution and their favorable point of attachment to the uterus, are best fitted to operative treatment.

They have been operated on in every conceivable way, in every part of their course. For our purpose these operations may be divided into four groups—external shortening, shortening in the inguinal canal, intraperitoneal shortening, and transplanting.

Shortening of the ligaments after they emerge from the inguinal canal is applicable only to those cases in which there are no adhesions binding the uterus down and in which there exists no conditions of the appendages requiring surgical attention. It is a useful operation in this limited class of cases. The young and unmarried furnish a large portion of these cases, in my experience, where this operation gives satisfactory results. Shortening the ligaments in the inguinal canal seems to have no advantage over shortening them outside it, unless the peritoneal cavity is to be opened. If it is opened, the best place to do it is in the median line, one incision.

Intra-peritoneal shortening of the round ligaments has precisely the same effect on the uterus as their external shortening, but permits the operator to deal with perfect freedom with whatever complications exist. It may be done by either the abdominal or the vaginal route, as the experience or predilection of the operator dictates. In my early experience with the operation I had some relapses from folding the ligaments upon themselves covered as they were with peritoneum and stitching them with catgut. The result was only peritoneal adhesions which were unequal to the strain put upon them by the uterus. I later obtained better results by making a slit in the peritoneum, through which I pulled the ligament and folded it upon itself to the extent necessary. After stitching it with chromicized gut, I put it back under the peritoneal cover and the slit closed. The same result could doubtless have been obtained by using silk or other permanent suture material through the peritoneum. Attaching the folded ligaments of the uterus as recommended by Dudley or Baldy seems to produce the same effect as intra-peritoneal shortening. It has been claimed—and I think justly—that when the ligaments are shortened by folding the uterine ends upon themselves their strength is increased where it least needs be.

When the round ligaments are shortened, either externally or internally, the uterus as a whole is brought downward and forward beyond its normal position. I have demonstrated this to my own satisfaction by the examining of a large number of cases operated on by myself and many by other operators. The fact that by the operation one abnormal position has been substituted for another probably accounts for some of the failures to get the anticipated relief of symptoms. The anterior displacement of the uterus can be at least partially overcome by shortening the sacro-uterine ligaments as a supplementary operation.

By causing the round ligaments to make their exit from the abdominal cavity at a point above and anterior to the inguinal canals, as well as the shortening of them, the uterus is pulled upward and forward and swung into nearly its normal position. The original Gilliam operation for this purpose has been modified for the better by Mayo, Barrett and others. It has the advantages of ventral suspension—pulls the uterus up as well as forward, acts with the greatest mechanical advantage—without its disadvantages. There is no way in which it can cause an obstruction of the bowels, nor is it likely to interfere with pregnancy or labor. I have performed this operation in most of the cases I have operated on for posterior deviation during the last two years, and with more satisfaction to myself and patients than I have obtained from any method I have previously used.

I perform the operation as follows: Make the usual incision in the median line. Deal with complications. Have an assistant catch the fascia at a point about one inch and a half above the lower end of the incision and pull it toward the opposite side; with thumb and finger seize the skin and underlying fat and retract them. With a sharp knife dissect them loose from the fascia to a point almost above the internal inguinal ring. Make a vertical incision through the fascia, take a curved clamp and with it separate the muscular fibers down to the peritoneum. With two fingers of the other hand in the abdomen the clamp is guided under the peritoneum till it passes between the folds of the broad ligament, where the round ligament is seized and pulled out through the opening in the fascia. It is securely sutured to the outer surface of the fascia with chromicized catgut and the opening closed with the same material. If the ligament has not been seized at the point which will raise the uterus to the desired level, it is easy to change it by the use of another clamp outside the opening in the fascia. Sometimes in carrying the end of the clamp over the iliac artery the peritoneum is perforated. If so, no effort is made to get under it again, but the ligament is seized, covered with the peritoneum and pulled through the opening. The peritoneum is then stripped off with dry gauze, to prevent pulling on the bladder as well as to get firm union to the ligament. The other ligament is treated in the same way, taking care that the opening through the fascia is at the same level as its fellow. I claim no originality in technic.

Of late years the importance of the sacro-uterine ligaments have been much dwelt upon, and efforts to cure retrodeviations by operation upon these cases have been made by Goff, Bovée and others, some operating through the vagina, others the abdominal incision. However important these structures may be from anatomical and physiological standpoints in health, they do

not lend themselves to surgical procedures so readily as do the round ones. First, the fact that the muscular fibers in them are so few as to be almost a negligible quantity, the ligaments being little more than folds of perineum, makes them a frail tissue to trust alone to hold a uterus in position that has been displaced. Their attachment to the proximal portion of the short end of the lever, to which the uterus may be compared, places them at a great mechanical disadvantage when compared with the round ligaments, which are attached to the distal portion of the long end. For these reasons I would not depend on operation on these ligaments alone. Good results have been reported by careful men, but I do not believe sacro-uterine ligament operations will ever achieve the popularity predicted for them by Goffe.

One would expect better results from operations on the sacro-uterine ligaments in retroversion than in retroflexion, because the flexion indicates the sacro-uterine ligaments are not much relaxed, or that the uterine muscle is very deficient in tone.

Where there are no contraindications to doing so, a pessary should be worn for several weeks after operation on the round ligaments. A pessary is also of value to temporarily hold the uterus in position while involution takes place. These very valuable instruments have, from abuse and impossible things being expected of them, fallen into undeserved disrepute. They are in no sense curative agents; neither is morphine in the majority of cases in which it is used, but few would be willing to banish it from our list of therapeutic agents. Patients of mine sometimes refer to pessaries as crutches, because they permit them to be out and around when they would otherwise practically be confined to the house, if not to bed.

Almost every case in which external shortening of the round ligaments is successful could be treated satisfactorily by pessaries, but this is certainly not advisable in the young and unmarried. By the use of a pessary a patient may be made comfortable until a convenient time for her to undergo operative treatment. In the early weeks of pregnancy a pessary may hold the uterus up till it has attained sufficient size to prevent it turning backward. If a patient or her physician deems it wise to postpone radical treatment until she has borne the number of children she desires, by the use of a pessary she can do so with comparative comfort. Women suffering from retrodeviations of the uterus and nearing the menopause may choose to wear a pessary for an indefinite length of time, and wait for the senile changes in the uterus to render them of no moment rather than submit to an operation in which there is a chance of danger, or failure, slight though that chance be.

There are patients also in which organic changes in the heart or kidneys render any surgical procedure dangerous, that may be made quite comfortable by a pessary. Not every woman in which a pessary is indicated can wear one with comfort. For a pessary to be worn it is necessary that the uterus be capable of being anteverted to something more than a normal extent. If an ovary is prolapsed but goes up out of reach, when the uterus is anteverted it will not interfere with the wearing of a pessary; but if the ovary remains behind and the uterus is pushed forward, a pessary cannot be worn to any advantage. I have never been able to successfully treat with a pessary a woman the posterior cul-de-sac of whose vagina is very shallow. A good perineum is also requisite to the wearing of a pessary.

A patient wearing a pessary should be examined very frequently at first to assure the physician that it is doing all that it is expected to do and nothing more; but when it has been doing good work for several weeks it can very well be left alone for a few months. I have without misgivings and without ultimate regrets sent such a patient on a strenuous European tour. For purposes of cleanliness, a patient wearing a pessary should take a douche containing an alkali or a little castile soap daily.

In the third class of cases—those in which the deviation is the result of, or is accompanied by disease of the appendage so severe as to completely overshadow the deviation—the treatment is always surgical. The removal of both ovaries, which is all too often necessary in such cases, will cause the uterus to shrink up in size and make the problem of holding it in normal position easier and at the same time of less importance.

Frequently the shortening of the broad ligaments which is incident to the operation on the appendages is all that is necessary. The round ligaments may be shortened if it seems best, but the Gilliam operation or its modifications should not be done for fear of infection. Much time should not be spent in this part of the operation, for it is of minor importance, and time is a very important factor in the mortality rate in infectious cases.

It is to be hoped that evolution will finally develop the uterine supports until they are equal to their task, and that operations for posterior deviations will no longer be needed. In the meantime they can doubtless be made more rare by greater care of the health of girls at the time of puberty, and of women during labor and the puerperium.

432 WEST FOURTH STREET.

DISCUSSION.

DR. E. GUSTAV ZINKE: We were told a few moments ago that we all waste too much time in the discussion of papers, so

I refrain from making favorable comments upon the excellent paper just read. It is needless to say that the gentleman has covered the ground very thoroughly, not only illustrating his experience, but also his knowledge of the subject from beginning to end. One cause he left out in speaking of the conditions producing retroversion, the cause that has within the last years been a disturbing factor to railroads and traction companies when persons have met with an accident on trains and traction-cars. I refer to "falls." If the essayist did mention this it certainly escaped my attention. I know that the essayist dwelt extensively on all other causes, especially those that produce retrodeviations and prolapse of the uterus in childbearing women.

I have never seen a case in which a fall produced a uterine displacement of any kind. I also know that the textbooks speak of fall as the rarest of all causes. I have been called upon to express my opinion in three different lawsuits, and in each case I could not see that the "fall" described in each instance had anything to do with the existing displacement of the uterus. All had the typical history of uterine displacement, namely, frequent confinements and lack of care afterwards associated with laborious domestic duties. There was a history of gradual descent in each one of the cases. The opposite side, however, invariably testified that the particular accident was responsible for the displaced uterus and the diseased tubes and ovaries.

I rose to discuss the paper for the purpose of obtaining from the members of this society some better reason for retrodisplacement than a "fall" or why a "fall" should be made responsible for a displacement of the internal genitalia when the character of the accident was such that it could not produce a dislocation of these organs, and when the previous history reveals the presence of all the more frequent causes of this condition.

In one case the patient fell flat on her abdomen, and, according to the testimony on part of the plaintiff, the fall was sufficient to cause a displacement of the uterus and disease of both tubes and ovaries sufficient to make their removal necessary a few months after the accident. In my opinion the accident had nothing to do with it.

In a recent case a woman was awarded \$5,000 damages for a retro-versio-flexion, prolapse of both ovaries, and lacerations of cervix and perineum, for which the accident was certainly not responsible. Does not the contradictory testimony given in these cases reflect upon the profession?

In the case last spoken of the woman had six children, the youngest of whom was at the time of the accident one or two years of age. She was brought to my office and no special reason was given for the call, except to obtain an opinion of the nature of her trouble. An examination revealed the condition just stated. She was on a traction-car which ran into a switch and was then turned upon the side. The woman slid forward in her seat and fell between it and the seat in front and upon her side. She

sustained a slight contusion in the region of the right hip. She was able to get out of the car and had no trouble in going home. The doctor called the next day and found no serious injury. There was not a single symptom pointing to an acute displacement of the uterus or its adnexa. It was not until a year after that this woman was induced to sue the company for \$10,000 damages.

DR. SIGMAR STARK: Dr. Zinke has brought up a very interesting subject. I do not think that the street car can be considered responsible in the case he referred to. I do not believe it possible for an injury or lifting to produce a displacement of a uterus that has otherwise not been involved in some pathological disturbance. If the woman had recently been delivered and was suffering from subinvolution, then I can understand how an accident or excessive pressure upon the anterior face of the uterus can produce displacement; but otherwise it is impossible. I likewise doubt very much that a young girl can develop a traumatic retrodisplacement if the uterus was previously normal.

In connection with the subject of the pathology of congenital retroflexion of the uterus, I wish to call attention to two conditions frequently responsible for this state that the essayist failed to refer to: First, congenital deficiency in the development of the round and the utero-sacral ligaments. I have repeatedly exposed the round ligament and found it is thin as twine and the utero-sacral ligament unrecognisable as a fold. Second, a state that has not received recognition in the textbooks, namely, an insufficient development of the cellular tissue of the vagina and parametrium.

Time and again, on examining a girl afflicted with congenital retroflexion, I have been struck by the extreme shallowness of the vagina, particularly the anterior wall. Many such cases are called prolapse of the uterus, because the cervix presents at the introitus. The next thing that strikes you in these cases is the limited mobility of the uterus and the rigidity of the vault of the vagina.

The round and sacro-uterine ligaments are practically prolongations of the musculature of the uterus. Whatever exercises an influence on the uterus will also exercise an influence on the ligaments of the uterus. The round and utero-sacral ligaments are likewise involved in the same pathological state consequent upon the causes operative in the production of subinvolution. Subinvolution of the uterus is likewise associated with a similar condition of the vagina which causes its walls to protrude. This reduction of support on the part of the pelvic floor, together with the diminution of intra-abdominal support naturally consequent upon parturition, are additional factors in the establishment of uterodisplacement in the presence of subinvolution.

I wish to say a few words in regard to the features of the operation as practised by Goldspohn. I wish that I could induce some of you to take up the operation, as I look upon it as an

ideal procedure. Almost any operation on the pelvic appendages can be executed at the same time, even an appendectomy, which I have frequently done in connection therewith.

I presented a paper on this subject before this society three or four years ago. At that time I advocated the employment of the pessary during the period of convalescence. Since then I have found this measure superfluous, and consequently discarded it. A further change that I have carried out is in fixation of the round ligaments as near the uterus as possible to Poupart's ligament. In some of my earliest cases I got relapses. In my last cases, during the past four years (I have done the operation over one hundred and fifty times), I have had no recurrence. One of my patients was confined just three weeks ago and attended by Dr. Wilkinson. She passed through her confinement satisfactorily. The puerperium was unaccompanied by any disturbance.

DR. THAD. A. REAMY: Do you remove the ovarian ligament and then attach the round ligament to Poupart's ligament?

DR. STARK: I shorten the ovarian ligament by high fixation to the uterus—for instance, when there is a prolapse of the ovary. You can do any operation on the ovary at the same time.

DR. REAMY: Does the operation seem equal to the other or superior to it?

DR. STARK: It is superior to it, and does not change the anatomic relations. You fasten the round ligament.

DR. REAMY: At what point?

DR. STARK: By three or four sutures to the under surface of Poupart's ligament.

DR. REAMY: At what place?

DR. STARK: Through the inguinal canal.

DR. PORTER: I was very much pleased to listen to the paper. It certainly told exactly what one wanted to hear, and to me it was very interesting. It took up nearly every point of the subject. It particularly interested me because it gave weight to subinvolution as a cause of displacement. That is a matter to which I have been paying considerable attention. For a number of years I held to the opinion that whatever the position of the uterus before impregnation, it was almost certain to return to the same position. I still believe that when there is retroflexion it will practically always return. But in case of retroversion before pregnancy I now think that it is often possible to prevent a return after labor; and conversely, that faulty management of the puerperium sometimes produces retroversion in cases which originally had no displacement.

With reference to inflammation as leading to malposition, I think that this was one of the most important things mentioned in the paper. It is certainly exceedingly important from an obstetrical standpoint. That alone should urge on the obstetrician the importance of getting his patient through the puerperium

without fever. An afebrile course is one of the things that prevent a displacement after labor.

In regard to operative work, I cannot say much, as my experience is limited. The best operation, in my opinion, is the Gilliam. It is the only one I have used in the few cases I have operated upon. I have been very much pleased with it. Perhaps two years ago I used it on a patient who had considerable prolapse with enlargement of the uterus and cervix. In that case there was an elongated cervix. I did an amputation of the cervix, a perineorrhaphy, and then did the Gilliam operation. There followed such complete relief that it practically changed an invalid into a woman in perfect health, enjoying every day of her life.

DR. REAMY: Was she married?

DR. PORTER: Yes, and had borne several children.

DR. C. D. PALMER: This subject is an extremely fertile one for discussion, but I will refer only to a few points.

I fully believe that the bad instruction, or want of instruction, given to women, in the lying-in state, is responsible for the occurrence of retroversion, when most of the cases then arise. Many women are imperfectly informed as to the judicious method of the application of the obstetric bandage, and as to the proper position for them to assume to favor normal involution of the uterus and aid the restoration of the normal position of this organ.

In my judgment, the obstetric bandage needs to be firmly applied only for the first day after parturition, then lightly applied for several weeks. She should assume the dorsal decubitus only for first few hours, and afterwards take a position on either side, somewhat prone, for two weeks at least after delivery. In perfectly normal conditions the uterus is too large and too heavy for the weakened, relaxed and stretched soft parts to do their part to sustain the subinvoluting uterus. The back wall of the uterus is usually thicker and heavier, because of the normal localisation of the placenta. This favors retroversion.

I am so impressed with the importance of this position, and this application of the obstetric bandage, that I think the period of a few weeks after delivery is a most advantageous time to seize advantage of to bring about a better position of it in all those cases in which retrodeviation has existed prior to pregnancy. And when retroversion exists it is prudent to instruct women to lie down, not on back, but on either side, and also to take once to twice every day the knee-elbow position for a half hour each time.

The bowels should always be cleared out once or more times every day, and the garments should be so adjusted as to impose the least possible weight or pressure force upon the pelvic viscera.

In reference to the other treatment of this abnormal position of the uterus, I think we could consider whether the dislocation is a movable one and a replacable one, on the one hand, or

whether the organ is abnormally fixed and immovable in its awkward posture. As a rule, retroversion of a movable and replaceable uterus requires no surgical operation unless there is a torn perineum or a lacerated cervix to repair. At any rate, the abdominal cavity does not need opening, because usually there is no special disease of the uterine appendages. But if the uterus is fixed and is non-replaceable, there is always some serious affection of these appendages, and surgery may be needed to rectify the same.

Alexander's operation I have never done, and do not expect ever to do. I can do more and better without it. Of operations for this condition, I favor the opening of the abdomen and replacing mechanically the uterus, and holding it in position by the utilisation of a stout piece of cat-gut or silk first passed through the edge of one side of the incised abdominal wall, back and through the upper end of the left broad ligament beneath the point of attachment of the round ligament, then to behind the uterus, attached to it beneath its peritoneal covering; next around to the corresponding parts and places on the other side of the uterus, so that it meets and can be tied to other end of ligature in abdominal wall. This technic of procedure I prefer to Mann's, Wylie's, Gilliam's, or any other in those cases requiring abdominal section because of some complication of the ovary, tubes or pelvic peritoneum.

We would expect the cat-gut to hold firm about two weeks, the silk longer, for experience teaches us that it is absorbed not before a few months. Either ligature must be thoroughly sterilised; otherwise, the operation is dangerous. During two weeks, or longer, the patient is in bed and on her side, and before she sits up or stands a retroversion pessary is inserted, to be worn awhile.

While the utero-sacral ligaments are the most important of all to hold the uterus in its normal anteverted position, nevertheless there is no operation on it which seems to me satisfactory. For relaxed conditions of these structures I do have faith in the utilisation of the primary faradic current, used every day or so. A good, comfortably fitting pessary of the Thomas or Albert Smith pattern ought not to be overlooked for many cases of retrodeviation of the uterus.

DR. JULIA W. CARPENTER: This paper is most interesting, as of all pelvic troubles retrodeviations are the most frequent. The cause and the treatment are both prolific subjects.

First, as to the cause. If one were a physician in China, and made a specialty of diseases of the feet in women, it might occur to him that the chief cause of the troubles was the deforming of the feet. Here it is the deforming of the body.

Dr. Bonifield quoted the saying that if women could go on all fours there would be no pelvic troubles. As this is impossible, why not suggest letting nature alone, as it is now, and not change the body either in position or *shape*, and then see how many

pelvic troubles would disappear? If the upright position in itself is harmful, how much more so must it be when heavy weights are put upon the soft parts at the center of the trunk? The weakest part of a woman's body is the waist line. It is often so soft and flabby that the muscle fibers seem almost gone, little remaining but the skin, which can be dented inwards quite a distance. This is due to the weight and pressure of the clothing on these soft parts.

The trunk muscles are by nature among the strongest in the body, and in a man, where they are untrammelled, they furnish a large part of his great physical strength. If these muscles were weak a man could not be found strong enough to be a porter. There would be no one to lift a trunk or move furniture.

The cause of weak trunk muscles, in women, cannot be removed to any extent, as fashion is one of the most powerful of monarchs. Hence, it is in the work of physicians to relieve pelvic troubles as much as possible, while powerless to remove the chief cause.

There are many patients, however, who, when it is explained to them, will take the trouble to dress hygienically, as it can be done without changing anything in the external appearance.

Of the operation referred to, I prefer shortening the round ligaments, as that seems to give the best results.

DR. E. RICKETTS: There are cases in which retrodeviation has no symptoms of any consequence. Those cases should be let alone. In regard to the operation referred to by Dr. Bonifield—subperitoneal shortening of round ligament—I have done it in several cases with most happy results. On the other hand, the Gilliam operation will give good results.

Notwithstanding the statement made by gentlemen who have never seen a retroflexed uterus as the result of a fall or of being thrown from a horse, I have had cases of that nature. I had a case in which the uterus was retroverted and jammed. She had been thrown from a horse. The pain was simply unbearable. I gave morphine and replaced the uterus. The relief was almost instantaneous. I was called after the woman was thrown, not before, but I judge that she had not been in this condition previous to the fall.

DR. ZINKE: Did you ever see a displacement occur in which the woman was able to walk and go home after the accident?

DR. RICKETTS: In the case referred to.

DR. E. S. MCKEE: I have always believed that retrodeviations can occur from falling from a horse or from a swing, or falling on the ice or from horse-back riding. Some years ago an inter-urban traction-car went off the tracks and into a stump. A woman with a young baby in her arms was thrown from her seat upon the floor with a great deal of force. She came to me afterward and I had her under observation for over a year. From the fact that she had been frequently pregnant before the accident and remained sterile afterward, and had marked retro-

flexion, I reasoned that she got retroflexion from the accident. A suit was brought. I gave my testimony. A distinguished specialist gave testimony directly opposite to mine. The jury gave the woman \$5,000 damages, which I think she deserved.

DR. REAMY: Shortening of the round ligaments can only have a limited range of usefulness. Within that range a proper operation is of great utility.

All know that these ligaments are not direct uterine supports. They are simply guys, preventing backward displacement of the constantly moving uterus to a degree which deprives that organ of the efficiency of its combined supports. The point at which the round ligaments leave the uterus below and in front of the Fallopian tubes, the method of entering the internal inguinal ring, passing through the inguinal canal and the external rings, is such as to allow slight gliding motion, notwithstanding loose attachments. In this motion the boundaries of the internal rings act as pulleys to the ropes. The free mobility of the abdominal walls constantly changes the pulley point of bearing. Now add the considerable contractile power of the ligaments, owing to non-striated muscular fibers entering into their structure, and we have all the conditions for perfect guys. In my opinion, the attenuated and useless condition of the round ligaments observed on abdominal section in cases of chronic retroversion and prolapsus of the uterus, where the ligaments have long been in a state of tension, is largely due to the fact that contraction and relaxation have been excluded. Muscular atrophy was inevitable.

Dr. Stark informs us that his method of fixing the round ligament to Poupart's ligament is ideal—that is, I suppose that by it he effects a large per cent. of cures. I am bound to pay high respect to any utterance of Dr. Stark; he has had large experience. And yet I cannot understand how success can constantly follow a method that fixes the ligament to an immovable structure like Poupart's ligament, thus cutting off all of the essential advantages of abdominal movement. It is in violation of physical law, so manifest in this whole field.

I shall look for the method proposed by Dr. Bonifield to become popular.

DR. BONIFIELD (closing): The supports of the uterus would answer their purpose admirably well if woman was a quadruped, but with her in upright position they work at a decided mechanical disadvantage, and it only takes a slight increase in weight of the uterus or a slow weakening of its supports to get it out of its position.

In regard to the uterus being suddenly thrown out of position, I had a case of a young girl of sixteen under my care whose uterus had been forced out through the vagina while in the act of depositing a heavy market basket on the floor.

I do not recall ever having seen a case of acute retroversion, but as retroversion is usually the first step in prolapse, I have no

doubt but what it exists at times. The great majority of cases are chronic in character. I would be unwilling to testify in court that a displacement had, or had not, been caused by an accident, unless I had an opportunity of examining the patient before the accident occurred.

In regard to the particular operation I advise for retrodeviation, the advantages I claim for it are as follows: The abdomen is opened in the median line, giving the best opportunity for dealing with complications; the new attachments of the ligaments cause them to pull the uterus upward and forward, instead of downward and backward, as they do when they are merely shortened; the uterus is sufficiently firm, but it is not rendered immovable; the strongest part of the ligaments is utilised; pulling them under the peritoneum instead of through the peritoneal cavity is a precaution against obstruction of the bowels. The criticism that the round ligaments were never intended to support the uterus is founded on facts, but we have a pathological condition to deal with, and the histological structure of the round ligaments renders them the best support to deal with in an operative way.

It is to be borne in mind that if we would make any cure effected by operation permanent, we must improve the patient's general health and increase the tone of the uterus and its supports.

ABSTRACTS.

The Present Status of Conservatism in the Surgical Treatment of Tubes and Ovaries.

By JOHN EGERTON CANNADAY, M. D.

Surgeon-in-Charge, Sheltering Arms Hospital, Hansford, W. Va.

[*Author's Abstract*]

AFTER reviewing the history of attempts at conservatism and quoting the words of the elder Emmet in which he expressed the hope that future generations of women might be allowed to go uncastrated the author says: We all know that even the least of the atoms has its definite value and its purpose to fulfil in the harmonious whole of natural plan. We have been long taught that when a limb was injured, a hand mangled, or an abscess formed, to make every effort to save the part. Until rather recent years these saving methods did not seem to apply to the pelvic organs of women at all.

He addressed circular letters of inquiry to 35 of the leading gynecologists of America, in regard to their position in the matter of ovarian and tubal ablation. The answers received would indicate that at least half our gynecologists are very conservative. A number of others practice palliative treatment and do without

operation except when indications are urgent, then being most radical, while a smaller number evidently operate early and often. The technic of plastic repair work is described. Chromicised cat-gut is generally used as a suture material. Conservative work is not attempted in the presence of pus. The author believes that, barring the presence of the menopause, inflammation, pus, tuberculosis and malignant disease, conservative work should be done; that every organ or part of an organ consistent with the health and well being of the patient should remain undisturbed; that in these cases there is much room for exercise of good judgment and due discrimination; that the risks of infection and of secondary operation from portions left behind are rather remote in properly selected cases.

He summarises as follows: The majority of the gynecologists interrogated favor a restricted conservatism; that the number of pregnancies occurring after tubal operations is very small; that the results after plastic work on the ovaries is better, that age, the presence of pus, tuberculosis and malignant disease indicate as a rule, radical work; that prolapsed ovaries, generally speaking, should be elevated in the pelvis by suspension operations on the uterus, by shortening the ovarian ligament or by placing the ovary in front and on top of the broad ligament; that the functions of the tube and ovary should be preserved whenever consistent with health; that the artificial induction of the menopause brings a very serious disturbance into the life of the patient, and that ovarian transplantation experimentally and clinically has, in a limited field, been productive of satisfactory results.

The Intravenous Injection of Medicaments and Its Importance in General Practice.

EDWIN FRANCKE, Berlin. (*Medizinische Klinik*, January 5, 1908), says: in severe infections, sepsis, puerperal processes, collargol should be tried in 4 to 5 per cent. solution, 2 grams (30 grains), being injected intravenously every day or second day, according to the nature of the disease and the effect of the remedy. In one case of severe gonorrheal sepsis, with chills persisting for weeks, one such injection effected prompt and permanent defervescence.

Collargol injections are usually followed by a chill with temperature up to 41° C. (105 8° F.); but this phenomenon has no untoward consequences. The use of collargol by intravenous injection is superior to its introduction by enema or inunction, and should be resorted to more often than is now the case.

DR. ERNST RUNGE, Assistant at the University Gynecological

Clinic of the Charité, Berlin. (*Berliner klin. Wochenschrift*, March 16, 1908), says: in many cases of streptococcus infection, especially in pyemic processes, collargol intravenously (5 c.c. of a 5 per cent. solution daily for two or three days, injected into the cubital vein) occupies the first rank. The manner in which the silver introduced into the body is destructive of the streptococcus, has not yet been entirely cleared up.

SELLEI AND UNTERBERG BUDAPEST. (*Berl. klin. wochenschr.*, September 2, 1907), remark that lavage of the renal pelvis is indicated when internal treatment is unavailing. The authors have used collargol in 1 to 2 per cent. solutions, and noted good effects from this remedy.

Information on Meatox — Granulated Beef Fiber

H. ENDEMANN, New York, (*Der Hausdokter*, April, 1908), remarks that our nourishing products, that is, the natural elements which are used as food, are of two different kinds. We require heat or energy producing matter, such as starch, sugar and fat, and also matter which will build up our tissues and sustain our strength. For this latter purpose albumen and muscular fibers of meat are necessary, and these are transformed by the stomach and intestines into soluble substances which are assimilated and absorbed by the blood.

When the digestive tract is weakened, this process often goes on very slowly, particularly so on account of the common vice of swallowing food without proper mastication. For many years efforts have been made to counteract the effects of this fault, by offering to the public nourishing food in pulverised form. Starchy products when pulverised become flour, farina, etc., and fats become emulsions. For forty years this idea expressed itself in different methods applied to meat. My own investigations date back about that far, and I am satisfied that the digestibility of meat is considerably enhanced by its pulverisation. The older preparations, however, did not possess the very necessary qualities of retaining their strength and freshness.

Mr. Charles Marchand, of New York, has now found that the strength of such preparations is materially heightened when the extractive substances of the meat are first removed. These extractive substances are stimulant but they contain no nourishment, and the digestibility of the meat is not affected by their removal. This must be considered as an absolute advancement. The product obtained is known by the name of Meatox.

Meatox has from time to time been analysed by different chemists and it is absolutely free from preservatives. These analyses and physiologic experiments all show too that it con-

tains a high percentage of digestible meat protein, that is, in round number about 80 per cent. Of fat it contains about 6 per cent. to 7 per cent., and of celery salt used as flavoring, less than 1 per cent., indigestible substances less than 1 per cent., with water and substances forming the balance.

That such a preparation has a very high value as food in cases of sickness and convalescence and in chronic malnutrition is obvious of course. But it also fills a long felt want in that field where it becomes necessary to transport food products in a form of highest possible concentration and lightest weight, for instance in the provisioning of armies and navies, and of expeditions and traveling parties into wild countries. One pound of Meatox is equivalent in nourishing value to five pounds of lean, boneless beef, or the same quantity of "Canned Beef," which latter, when "preserved," often acts as a poison.

Meatox cannot make a bouillon, because the extractive substances are missing, but if the aroma is desired, it is easily obtained by adding a small quantity of meat extract, which will act as a stimulant, but it does not add any amount of nutritious substance whatever. I know of no meat preparation which possesses such a high percentage of digestible nutriment as does Meatox.

Old Age and Fermenlactyl.

By DR. SUZOR, Paris.

(*Written for the National Therapeutics.*)

OLD age and senility come to be a dreaded reality to every man and woman who has reached maturity; for the next step is death. It is easy, therefore, to understand the immense interest which has been universally attached to the recent researches of Professor Metchnikoff on the subject.

Exploding all the ancient notions and theories on senility, he was the first to look upon it as a chronic disease, in every way comparable to that developing in the course of various infections and intoxications. The cause of the infection here he found to be in the reabsorption of the ptomaines, conjugate sulphoether (indican, etc.) and other poisons formed by the bacteria of putrefaction which swarm in the large intestine. These poisons exert an irritating and exciting action which leads to the proliferation of large connective tissue cells, so-called giant cells or macrophagi. These, in normal, healthy life constitute the "phagocytes" of the same author and preserve our tissues from the invasion of germs of all sorts, which they arrest and destroy. In old age these same cells proliferate to excess, and attack the parenchymatous or specific cells of all our organs, brain, liver, kidney, bones, and the like, leading finally to the atrophy and degeneration of these organs.

Such being the theory, the practical conclusion is evident. It is possible to combat old age, to retard it, and to allow the human creature to reach death as a leaf does, without a pang, with the long familiar train of misery so common to old people. It is interesting, in this connection to note that all animals which have, practically, no large intestine, birds, crocodiles, tortoises, etc., live to be very old, and preserve the appearance and attributes of youth to the very last.

"Fortune favors fools," still more does it favor the wise who have eyes to see. While traveling in Bulgaria and neighboring countries, Prof. Duclaux, late Director of the Pasteur Institute, and Prof. Metchnikoff were struck with the large proportion of strong, active old men whom they met. In fact, reliable statistics give, for a total population of about two millions and a half in Bulgaria, close upon three thousand centenarians, a good many of whom are over a hundred and twenty years old. The nature of the country itself and the general conditions of life of the natives does not appear to be able to account solely for this remarkable fact. One common custom, however, stood out conspicuously on examination. All the inhabitants live very largely on curdled sour milk called "yoghourt," prepared with a ferment called "maya." This ferment was found to be composed of a certain number of lactic acid-forming bacilli, the principal one of which is known as the "bacillus of Messol," from the Swiss doctor who first described it. It is of large size, measuring about 15 to 20 cm., and is characterised by the property it possesses of forming an unusually large proportion of lactic acid; when put in contact with saccharine substances, lactose, etc., as much as two per cent. When acting alone, however, it also decomposes fatty substances, thus communicating an unpleasant taste to milk. Hence its association, in practice, with various other lactic acid-forming bacilli, which have the property of restraining this fat-modifying action.

When absorbed with milk, or in the shape of a pure culture, this "bacillus of Messol" passes through the whole alimentary tract, and is found strong and active in the excreta. The lactic acid bacilli of Western countries are less resisting, and are no longer found in the same conditions; they are destroyed in the intestine. We may here remark that the ptomaines and other poisons referred to previously as being the primary cause of premature and morbid senility are all produced by the bacteria of putrid fermentation which swarm in the alkaline intestinal contents, and act there on the nitrogenous elements of food.

It is easy to understand, therefore, that the introduction of an acid in the intestines will tend to restrain this putrefactive action. The lactic acid bacilli, when carried into the intestine along with our food, continue to decompose sugary and starchy food-

stuffs into lactic and succinic acids which, in their nascent state, are endowed with additional activity against the bacteria of putrefaction. Lesage and Hayem long ago showed the useful action of lactic acid in cases of infantile diarrhæa, enteritis, and even in cholera.

Experience has shown these lactic acid bacilli to exert (*a*) a local action on intestinal lesions (tuberculosis, etc.); (*b*) an antiseptic action on all putrefactive processes; (*c*) a reflex action on the liver and pancreas, the normal secretions of which are increased; (*d*) a general tonic action on the whole organism due to the lactic acid acting as such after resorption into the blood.

Remarkable success has been obtained in the treatment of the following cases:

(1) Diseases of the digestive tract, such as gastroenteritis, the green summer diarrhœa of infants, enterocolitis, diarrhœa of hot countries, dysentery, intestinal tuberculosis, enteric fever.

(2) Whenever it becomes necessary to restrain to a minimum all causes of toxic action, *e. g.*, in cirrhosis of the liver, in all forms of chronic nephritis, Bright's disease, etc., in heart disease, arteriosclerosis.

(3) In many forms of skin diseases more or less directly dependent on the condition of the digestive system, eczema, urticaria or nettle rash, furuncles, and the like.

(4) In various states due to mechanical disturbance, hernia, intestinal ptosis, and the like.

(5) In various diseases due to a morbid modification of the hepatic or pancreatic secretions, *e.g.*, stone and gravel, pancreatic diabetes.

(6) In certain general diatheses, gout, rheumatism, arthritic diabetes.

(7) Whenever the patient, for some reason or other is submitted to a diet capable of promoting intestinal fermentation, *e.g.*, the nitrogenous overfeeding of tubercular patients; in infants fed on cow's milk, whether sterilised or not.

One of the best forms of presentation of the associated lactic acid bacilli, both as regards activity and good preservation, is the tablet form of the bacillus of Messol, etc. (*fermenlactyl*), prepared from cultures selected with great care at the Pasteur Vaccine Co's. Laboratories (Paris), with which the patient can prepare curdled milk at home. These tablets are best preserved in tubes hermetically sealed and kept dry and in a dark place. *Fermenlactyl* tablets advantageously replace kephyr, yoghourt, and all other lactic ferments.

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

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Fourth Annual Conference of the Council on Medical Education of the American Medical Association held at Chicago, April 13, 1908.

THE growing interest in these conferences was manifest by the large attendance of members and delegates from all parts of the country. The meeting was called to order at ten o'clock A. M., and the chairman, Arthur Dean Bevan, immediately delivered his address, which dealt chiefly with progress made in medical standards during the year. Attention was invited to the merging of medical colleges in Minnesota and Indiana, commending the action and urging similar procedures in other regions.

The secretary, N. P. Colwell, then read his report which was illustrated by six colored maps, showing the status of medical education and reciprocity in medical licensure throughout the United States. These maps are of special interest and will no doubt be studied by all educators when they appear in the report of the Council.

The report of the committee on preliminary education was presented by John H. Long, Chairman. This was discussed by Charles W. Eliot, President of Harvard University, who spoke at some length in urging high standards of preliminary education, calling attention to the fact that colleges requiring such standards for admission are more apt to receive endowments. He said, contrary to the general belief, that more than one-half the endowments of Harvard had come from outside New England, largely from New York. President Eliot's remarks were received with marked attention and he was accorded hearty applause. Charles S. Sheldon, of Madison, Wis., the delegate from the American Academy of Medicine, next discussed the report and during the course of his remarks expressed the opinion that work in physics, chemistry and biology could not be completed properly

in less than two years of university time. The next speaker was A. H. Freeland Barbour, professor of gynecology in the University of Edinburgh, who by invitation gave the requirements governing medical education in Scotland. Professor Barbour, now on a visit to this country, was most opportunely present at the Conference and his remarks added conspicuous interest to the occasion.

Victor C. Vaughan, chairman, then read the report of the committee on "What should constitute a Medical College in good standing." James W. Holland, Dean of the Jefferson Medical College, Philadelphia, made an elaborate speech in discussing this question, the trend of which was, while advocating reasonably high standards, changes should be made prudently and with slow haste lest prevailing conditions be upset too suddenly. He repeatedly complimented the State of New York on the stand it has taken relating to medical education.

At the afternoon session the committee on Essentials of a Model Medical Practice Act reported through its chairman, Beverly D. Harrison, secretary of the Michigan State Board of Registration. The report was discussed by F. Dudley Tait, San Francisco, and William Warren Potter, Buffalo, the other members of the committee. Dr. Tait presented an elaborate analysis of the subject, while Dr. Potter accentuated one point—namely, that of time. He suggested that any practice law should be constructed with a view to economising time, which is such an essential element in these days of such rapidity of movement. The subject was further discussed by Alexander R. Craig of the Pennsylvania State Medical Society.

The special discussions on the "Character of the State Medical Licensing Examination" and on "Practical Ideas Concerning Reciprocity" were considered together. A. Ravogli, President of the Ohio State Board of Medical Education, and S. D. Van Meter, secretary of the State Board of Medical Examiners of Colorado, were the principals in the discussion on practical ideas concerning reciprocity. J. W. Bennet, secretary of the State Board of New Jersey, W. T. Councilman, professor of pathology at Harvard University Medical School, F. F. Westbrook, Dean of College of Medicine and Surgery of the University of Minnesota, and J. A. Witherspoon, professor of medicine at Vanderbilt University Medical department, were the principal speakers in the discussion on "Character of the State Medical Licensing Examination." Dr. F. J. Lutz, of Saint Louis, also spoke interestingly on the subject. The general opinion seemed to be that this examination should be fashioned so as to discriminate between the candidate trained in laboratories and clinics and one who has only a "quiz compend" or theoretical education.

Dr. Herbert L. Burrell, of Boston, President of the American Medical Association, attended the Conference by invitation and was present during both sessions, manifesting great interest in the proceedings.

An interesting feature of the secretary's report was the statement that 34 states now have reciprocal relations with 4 or more other states; that during the past year 834 licenses were issued through reciprocity—an increase of 149 over 1906.

About 100 delegates were present and the Conference was held in session until 6.30 P. M.

THE city of Syracuse was much smaller than Buffalo when its Common Council voted \$100,000 as a gift, to induce Genesee College of Lima to move to that city and become a part of Syracuse University. This example should serve as a stimulus to Buffalo to contribute liberally from its municipal exchequer to promote the establishment of a Greater University in this fair city. The example of Syracuse should serve, likewise, as a rebuke to the board of supervisors of the County of Erie for its illiberal, not to say parsimonious, method of dealing with the question last winter. The enterprise of this great city in engaging in large commercial activities should be supplemented by a similar spirit in educational affairs. It is a disgrace for it to continue to manifest apathy in so important a question, one involving such large interests to its young people.

THE employment of trained women as nurses in the United States navy would seem to be approaching a realisation. A bill providing for the establishment of such a corps has been reported favorably to the house of representatives by the committee on naval affairs. The bill provides for a superintendent nurse, appointed by the Secretary of the Navy, who shall be in direct charge of the corps, and responsible for their organisation and discipline. She will keep in touch with the training schools for nurses and with the standing of their graduates, having in view the efficient and proper recruitment of the corps, pass upon the general fitness of applicants and prescribe examinations, look after the professional efficiency of the nurses after entering the corps as well as to keep the duty rosters and efficiency records.

The chief nurses will be assigned to duty in each of the larger naval hospitals. All nurses must be graduated from a hospital training school, having a course of not less than two years. They may be detailed to duty on board of hospital and ambulance ships and for special duty by the Surgeon General of the Navy, under whom the corps is organised.

"Their special fitness for hospital work is universally recognised," says the report in speaking of the proposed corps of female nurses, "and this bill would put nursing in naval hospitals on a professional plane, in keeping with the efficiency which prevails generally." The nurses shall receive the same pay as that for the same corps in the army, where the superintendent receives \$1,800.00 per annum, and nurses and reserve nurses on active service \$40.00 per month on duty in the United States, and \$50.00 per month when without the limits of the United States. The army has 100 female nurses, but the Surgeon General of the Navy, believes that 50 will be sufficient for the present needs of the navy. Secretary Metcalf and Surgeon General Rixey have recommended the organisation of this corps.

THE city of Niagara Falls is to be congratulated upon having taken the first step toward securing pure water for the use of its inhabitants and visitors. Without a dissenting vote, the common council of the Cataract City, on April 17, 1908, approved the compromise charter amendment, providing for the appointment by the mayor of a water commission of six members, to be confirmed by the council. The result, so utterly unexpected, was greeted with cheers and applause.

The charter amendment now goes to the mayor and then to the Governor for final approval. It gives to the commission created by it full power to consider plans, hire engineers, receive specifications and, in fact, do all things necessary to get the matter into definite shape for submission to the taxpayers. The commissioners are to serve without pay.

The pollution of the waters of Niagara river has long been a disgrace for which Buffalo has been responsible in large measure, and it is commendable that Niagara Falls should take the initiative toward ridding itself of this menace to health on Good Friday in this year of grace.

PERSONAL.

DR. L. S. McMURTRY, of Louisville, by invitation, delivered the principal address on the occasion of the celebration of the twenty-fifth anniversary of the Washington Obstetrical and Gynecological Society, which occurred March 6, 1908. We hope to publish the address in a subsequent issue. It dealt with the accomplishments and triumphs of gynecology during the past quarter of a century. Dr. McMurtry was the guest of the society during his visit in Washington.

DR. JOHN E. CANNADAY, of Wheeling, West Va., has removed to 1012 Virginia Street, Charleston, W. Va.

DR. ELI H. LONG, professor of materia medica and therapeutics at the University of Buffalo, was elected president of the Association of American Medical Colleges at its annual meeting held at Cleveland, March 16, 1908.

DR. HERBERT U. WILLIAMS, professor of pathology and bacteriology at the University of Buffalo, was elected treasurer of the American Association of Pathologists and Bacteriologists at its annual meeting held at Ann Arbor, Mich., April 17, 1908.

DR. STEPHEN YATES HOWELL, of Buffalo, who has been abroad for three months returned home April 24, 1908, and resumed his surgical practice. During his visit to England he spent some time in London in anatomical study and surgical work at King's College and other institutions. He also stayed several weeks at Leeds with Mr. Moynihan in witnessing his special work, and in doing the special operations for which Mr. Moynihan is so famous.

DR. WILLIAM H. BILLINGS of Buffalo, announces his removal from 271 Caroline Street to 1272 Main Street. He limits his practice to flat foot and other deformities of the feet. Telephones: Bell, Bryant 981; Frontier 1434. Hours: 9 to 10, 1 to 3. Evenings by appointment.

DR. ROBERT B. BLANCHARD, of Jamestown, N. Y., has been re-appointed city physician of that town, the common council having confirmed him April 20, 1908, first voting down the mayor's appointment of another physician. Dr. Blanchard graduated from the medical department of the University of Buffalo in 1906.

DR. JOHN O. ALDRICH, of Bath, N. Y., has been elected president of the board of health of that village. Dr. Harry Wynkoop was elected secretary and Dr. Deyo Matthewson was chosen health officer. The board passed a resolution, at a recent meeting, prohibiting spitting on the streets.

PASSED ASSISTANT SURGEON C. F. ELY, United States navy, who has been stationed in Buffalo for nearly two years, has been ordered to the training ship Hartford to assume charge of the hospital corps on board that vessel. The Hartford is at Norfolk, Va., and is used in training the midshipmen from the naval academy at Annapolis.

DR. HERBERT M. HILL, of Buffalo, professor of chemistry at the University, has occupied his new home at the corner of Bryant Street and Norwood Avenue.

BORN APRIL 4, 1838, DIED MARCH 8, 1908.



S. D. Dana-Roose

DR. DEWITT G. WILCOX, of Buffalo, delivered an address on Obstetric Surgery at the meeting of the Southern Tier Homeopathic Medical Association at its meeting held in Elmira, N. Y., April 21, 1908.

DR. WILLIAM WARREN POTTER, of Buffalo, President of the New York State Board of Medical Examiners, was commissioned by Governor Hughes to represent the State of New York at the Fourth Annual Conference of the Council on Medical Education of the American Medical Association held at Chicago, April 13, 1908. Dr. Potter also represented the state examining board at the conference. The proceedings are reported elsewhere in detail.

DR. ROBERT KOCH, the distinguished German bacteriologist, who is on a visit to this country, was tendered a dinner by the German Medical Society of the State of New York at the Waldorf-Astoria, Saturday evening, April 11, 1908. The president of the society, Dr. Carl Beck, presided at the dinner which was attended by about 450 admirers of the guest of honor. It was a most interesting occasion and the speech of Professor Koch, though short, was a gem in good taste and in simple but charming rhetoric.

DR. HARVEY W. WILEY, of Washington, D. C., chief chemist of the United States department of agriculture, was tendered a dinner in commemoration of the twenty-fifth anniversary of his service, at the Hotel Astor, New York, Thursday evening, April 9, 1908. Dr. William Jay Schieffelin presided at the dinner which was attended by about 200 chemists of New York and vicinity. On the following evening, April 10, the chemists of the city of Washington also tendered Dr. Wiley a banquet for the same reason.

OBITUARY

DR. ALBERT BROWN ROBINSON, of Boston, died at his home on Blue Hill Avenue, Roxbury, March 30, 1908, aged 73 years. He graduated at the University of Buffalo, medical department, in 1857, and served during the civil war, first as assistant surgeon of the 10th and then surgeon of the 42d regiments of Massachusetts volunteer infantry. He was at one time dispensary physician of Roxbury and professor of surgery in the New England Female Medical College. It was understood that Dr. Robinson was the oldest practising physician in Boston.

DR. BRYANT SLOAT FASSETT, of New York, formerly of Elmira, N. Y., died in Roosevelt Hospital, New York, March 24, 1908,

of acute nephritis after an illness of twelve days, aged 29 years. He was a son of Hon. J. Sloat Fassett, M.C., and a graduate of the College of Physicians and Surgeons, New York, 1903; formerly surgeon to outdoor department of Roosevelt Hospital and to Vanderbilt Clinic; a member of the medical societies, State and County of New York, and of the Elmira Academy of Medicine.

DR. HENRY D. CLAPP, of Geneva, N. Y., died at his home in that city March 19, 1908, from pulmonary edema after a prolonged illness, aged 34 years. He graduated at the University of Buffalo, medical department, in 1895, and afterward served as interne at the Rochester City Hospital.

DR. ARTHUR JOHN LAWRENCE, of Los Olivos, Cal., a graduate of the University of Buffalo, medical department, 1875, was found burned to death in his cottage at Camp Meeker's, Cal., aged about 60 years.

DR. FRANK J. THORNBURY, formerly of Buffalo, died recently in a hospital at Rochester, N. Y., aged about fifty years. He graduated at the Medical College of Ohio, Medical Department University of Cincinnati, in 1889, and served for some years as assistant surgeon in the public health and marine hospital service.

MR. CULLEN ANDREWS BATTLE, of Saint Louis, president of Battle & Company Chemists Corporation, died suddenly in his apartments at the Hotel Jefferson in that city, March 22, 1908, aged 59 years. Mr. Battle had been in indifferent health for some time, and he was on the eve of departure for a season of rest at his Michigan farm when death came. He had built up a successful business which maintained offices in Saint Louis, London and Paris. His brother and business associate, Mr. Jesse M. Battle, will undoubtedly become head of the house.

SOCIETY MEETINGS.

THE Medical Society of the County of Erie held its regular quarterly meeting Monday, April 20, 1908, under the presidency of Dr. Edward Clark, with the following program: morning session, medical clinic by Charles Cary at the Buffalo General Hospital, at 10 o'clock; surgical clinic by Roswell Park at the

same place, 11 o'clock; afternoon session, business meeting, 4 o'clock, at the Buffalo library building; evening session, 8.30 o'clock, at same place: Five minute talks: Thomas B. Carpenter, Albumin; Eugene A. Smith, Intussusception; George F. Cott, Probability of Intracranial Complications Following Middle Ear Infection; H. C. Rooth, Radical Treatment of Incipient Hip-joint Disease. Report of Case; A. E. Woelnert, Casts; J. E. King, Influence of Relaxed Uterosacrals on Causation of Symptoms in Retroversion; William C. Krauss, Diagnosis of Spinal Cord Tumors—report of three cases seen within a period of ten days.

THE following medical meetings will be held at Chicago, during the first week in June, 1908:

American Medical Association, June 2 to 5.

American Academy of Medicine, May 30, and June 1.

National Confederation of Medical Examining and Licensing Boards, June 1.

National Association of U. S. Pension Examining Surgeons, Palmer House, June 1.

Association of American Teachers of the Diseases of Children, Great Northern, June 1.

American Medical Editors' Association, May 30, June 1.

American Proctologic Society, June 1 and 2.

American Gastro-Enterological Association, June 1, and 2.

Secretaries and Editors of State Journals, June 1.

THE American Therapeutic Society will hold its ninth annual meeting at the Bellevue-Stratford Hotel, Philadelphia, May 7 to 9, 1908.

THE Mississippi Valley Medical Association will hold its thirty-fourth annual meeting at Louisville, October 13 to 15, 1908, under the presidency of Dr. Arthur R. Elliott, of Chicago. Dr. Henry Enos Tuley is the secretary and Dr. Louis Frank is the chairman of the committee of arrangements.

THE Buffalo Academy of Medicine held meetings during April as follows:

Section on Surgery.—Tuesday evening, April 7. Program: Acute traumatic and chronic synovitis of the knee, Robert W. Lovett, Boston.

Section on Medicine.—Tuesday evening, April 14. Program: (a) Apoplexy, its causes and treatment, John D. Bonnar; (b) Psychotherapy, Julius Ullman. The discussion was opened by James W. Putnam.

Section on Pathology.—Tuesday evening, April 21. Program: (a) Presentation of specimens of variations seen in livers hardened in situ, James A. Gibson; (b) Transplantation of suprarenal gland, F. C. Busch.

THE Rochester Academy of Medicine held meetings during April as follows:

Section I. General Medicine.—Wednesday evening, April 1, 1908. Program: Symposium on pneumonia. Bacterial origin and factors entering into causation, John R. Williams; The blood, Charles O. Boswell; Treatment, J. R. Culkin; Treatment (specific), nuclein and serum therapy, C. E. Darrow.

Section II. Surgery.—Wednesday evening, April 8. Program: Report of a case of retention of urine complicating pregnancy, Floyd S. Winslow; report of two cases of tubercular peritonitis, Floyd S. Winslow, (by invitation); Report of a case of skin grafting, Milton Chapman, (by invitation).

Section III. Obstetrics, Gynecology, and Pediatrics. Wednesday evening, April 15. Program: Case reports, Charles R. Barber; obstetric hemorrhages: causative factors and methods of control with case reports, William M. Brown.

Section IV. Public Health.—Wednesday evening, April 22, Program: Climatology. Rochester has a superior climate! Illustrated talk by Professor Fairchild. (By invitation.)

THE Buffalo General Hospital Alumni Association held its annual meeting at the Lenox Hotel, Friday evening, April 24, 1908. Dr. E. L. Shurly, of Detroit, was announced to deliver an address on "The Hospital Interne;" Dr. H. R. Hopkins to give a talk on "Quinby-Eddy Diabolism;" Drs. William C. Phelps, P. W. Van Peyna, DeLancey Rochester and John Parmenter were expected to respond to the toasts.

COLLEGE AND HOSPITAL NOTES.

THE University of Buffalo will hold its sixty-third annual commencement exercises Friday, May 29, 1908. Commencement

week will be inaugurated on Tuesday evening, May 26, with a reception by the council of the University and the governing faculty of the medical department at which short addresses will be given. The classes of '48, '53, '58, '78, '83, '88 and '98 will hold reunions. A smoker will be given after the regular exercises at which refreshments will be served.

Wednesday and Thursday mornings and afternoons will be devoted to clinics at the Buffalo General Hospital. Luncheons, smokers, receptions, theater parties and other entertainments will fill the vacant hours.

A museum of anatomic, physiologic and pathologic specimens will be on exhibition during the entire week. Members of the alumni association are requested to make contributions to the exhibit. The annual dues of \$1.00 should be paid to the treasurer, Herman K. DeGroat, either by mail or in person.

THE alumni of the medical department of Tulane University of Louisiana will celebrate the Stanford E. Chaille golden jubilee at New Orleans, May 19, and 20, 1908, during which it is proposed to raise a memorial fund to establish a chair of physiology or a chair of hygiene to be named after Dr. Chaille.

Dr. L. S. McMurtry, of Louisville, Ky., (Tulane, '73) will deliver the principal address on behalf of the alumni May 19. This meeting to celebrate the fiftieth year of teaching service of Professor Chaille will be a memorable one in the history of medical colleges in this country. Every alumnus is invited to attend and to contribute to the fund.

THE Lockport City Hospital was formally turned over to the municipal authorities Saturday, April 18, 1908. The formal opening of the institution took place April 21.

The hospital is the only one in the state which is directly under municipal control, and it will be in the nature of an experiment for the first few years as to whether a municipality can run a hospital as well as a hospital association.

The building is on East avenue, near the city line, and of the first \$15,000 spent on the structure, the city gave \$5,000; the women of the Hospital Aid Association raised \$5,000, and the late Augustus Keep gave \$5,000.

THE German Deaconess's Hospital on Kingsley street, Buffalo, reopened April 4, 1908, after being closed several weeks for improvements. A training school for nurses has been established under the auspices of the Fliedner League. Sister Superior Anna Dalchow will be in charge of the deaconesses. Miss Gertrude Breslin will have charge of the nurses and Miss Frances Welker,

formerly of the Titusville, Pa., Hospital, will be the assistant superintendent. Miss Breslin has held like positions in New York, Louisville, Nashville and Detroit and comes highly recommended to the directors of the Deaconess's Hospital. A new ambulance service has been provided and the hospital will take ambulance calls day and night. The left wing of the building will continue as a home for the aged.

THE Marine Hospital project is assuming shape. The government has asked for bids from contractors, which are returnable May 21, 1908. The specifications demand that the contractor to whom the contract is awarded shall insure its completion by March 31, 1910.

NOTICE TO ALUMNI OF THE TULANE MEDICAL DEPARTMENT.—It is important that all graduates of Tulane intending to be present at the meeting of the A. M. A. in Chicago, June 2 to 5, should write at once to Dr. Hugh B. Williams, No. 100 State St., for information concerning the gathering of the Alumni on June 2. Tulane headquarters will be at the Auditorium Hotel and Alumni are urged to call upon their arrival for information. This is important.

BOOKS AND AUTHORS.

Surgery: Its Principles and Practice. In five volumes. By 66 eminent surgeons. Edited by **W. W. Keen**, M.D., Emeritus Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia. Volume III. Octavo of 1132 pages, with 562 text-illustrations and 10 colored plates. Philadelphia and London: W. B. Saunders Company. 1908. (Per volume: cloth, \$7.00; half morocco, \$8.00, net prices.)

This volume deals with surgery of the head and neck, (Cushing & Andrews), of diseases of the thyroid gland (Koehler), the nose and its accessory sinuses (Smith), surgery of the larynx and trachea and of the thorax (Brewer), of the breast (Finney), of the mouth, teeth, and jaws (Owen), of the tongue (Da Costa), technic of abdominal surgery, surgery of the abdominal wall, and surgery of the peritoneum and retroperitoneal space (Munro), surgery of the esophagus (Gottstein), of the stomach (Robson), of the liver, gall-bladder and the biliary ducts (William J. and C. H. Mayo), surgery of the pancreas and spleen (Moynihan).

A most instructive section which is also of deepest interest comes first in the book, dealing with the surgery of the head. Time was when surgery was invoked only for traumatism of the head, but now operations are made even more frequently for disease

of the brain or its meninges. Osteoplastic crainotomy is fully described, and the illustrations are superb. The surgery of the thorax and of the breast are two other chapters of great practical importance. Brewer and Finney have dealt with these topics in a scientifically complete manner, and have given beautifully accurate illustrations of these important procedures.

This entire volume is full of good things and is a fit companion to its predecessors. It reflects credit on American surgeons and American surgery, as well as to those foreigners who have made contributions to the book.

Progressive Medicine, Vol. X, March, 1908. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by **Hobart Amory Hare**, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 284 pages. Lea Brothers & Co., Publishers, Philadelphia and New York. (Per annum in four cloth-bound volumes, \$9.00; in paper binding, \$6.00, carriage paid to any address.)

The surgery of the head, neck, and thorax forms the subject of the first section in this number which is prepared by Charles H. Frazier, and in which he deals with recent advances of regions covering nearly one half the body. It is most interestingly written and thoroughly detailed. The section on infectious diseases, including acute rheumatism and croupous pneumonia, is prepared by Robert B. Preble, and the selections have been discreetly made. Floyd M. Crandall takes up the diseases of children, and handles the topic with judgment. Infant foods and infant feeding, always of importance, are set forth in Dr. Crandall's article with scientific import. In the section on laryngology and rhinology, D. Braden Kyle gives the latest information on these topics, as does Arthur B. Duel on otology. These several articles set forth the practical advances in the topics with which they deal, written in an attractive manner, making them of great value to the general practitioner. The present number is one of the best of the recent issues of this periodical.

A Textbook of Minor Surgery. By **Edward Milton Foote**, A.M., M.D., Instructor in Surgery in the College of Physicians and Surgeons (Columbia University) New York. Octavo, pp. 778. Illustrated by 407 engravings from original drawings and photographs. New York and London: D. Appleton and Company. 1908. (Cloth, \$5.00.)

Whoever undertakes a study of this book will be impressed early with its completeness. Without doubt it is the most comprehensive treatise on minor surgery published in America. It is indeed, a textbook, whereas all previous works on minor surgery have been mere handbooks. The large number of the illustrations, nearly all photographs of actual patients, bespeak a thoroughness with which the author has dealt with his topics. In this relation we may well quote the dedication, which is unusual in form and

original in subject-matter. "This book is dedicated to the man at the point of the knife, for his grit and patience, and especially for his willingness to be photographed that others may profit by his misfortune." Surely every sick or injured person who submits himself to the camera for the benefit of his fellowmen is a philanthropist.

This author has taken up many topics for consideration not usually dealt with in a work on minor surgery, but which in our view belong here rather than in a textbook on general surgery. The section on minor surgical technic merits careful attention from every student and junior practitioner. The chapter on the roller bandage is the most complete dissertation on the subject extant, and never before has it been so profusely or completely illustrated. The chapter on surgical dressings, too, deserves patient attention. These are topics the novitiate must learn at once, and this work will afford the precise information needed. The book is handsomely printed on finely calendered paper and is a credit to all concerned in its making. Scientifically speaking, we regard it as the best surgical production of the year.

BOOKS RECEIVED.

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. Edited by W. T. Longcope, M.D., Volume I., eighteenth series. Philadelphia and London: J. B. Lippincott Co. 1908. (Cloth, \$2.00.)

Nervous and Mental Diseases. For Students and Practitioners. By Charles S. Potts, M.D., Professor of Neurology in the Medico-Chirurgical College of Philadelphia. Second edition. 12mo, 570 pages, with 133 engravings and 9 full-page plates. Lea & Febiger, Philadelphia and New York. (Cloth, \$2.50 net.)

Bier's Hyperemic Treatment in Surgery, Medicine and the Specialties. By Willie Meyer, M.D., Professor of Surgery at the New York Post-Graduate Medical School and Hospital. And Professor Dr. Victor Schmieden, Assistant to Professor Bier, University of Berlin, Germany. Octavo, pp. 209. Illustrated. Philadelphia and London: W. B. Saunders Co. 1908. (Cloth, \$3.00.)

An Index of Treatment by various writers. Edited by Robert Hutchison, M.D., F.R.C.P., Physician to London Hospital, and H. Stansfield Collier, F.R.C.S., Surgeon to St. Mary's Hospital, London. Revised by Warren Coleman, M.D., Professor of Clinical Medicine in Cornell University Medical College. Octavo, pp. 888. New York: William Wood & Co., 1908. (Cloth, \$6.00.)

A Manual of the Diseases of Infants and Children. By John Ruhrah, M.D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Second edition. 12mo, pp. 423. Philadelphia and London: W. B. Saunders Co. 1908. (Limp leather, \$2.00.)

Report of the Commission of 1906 to Investigate the Condition of the Blind in the State of New York. F. Park Lewis, M.D., Buffalo, President. Transmitted to the legislature April 10, 1907.

American Practice of Surgery. A complete System of the Science and Art of Surgery by representative surgeons of the United States and Canada. Edited by Joseph D. Bryant, M.D., and Albert H. Buck, M.D., New York. Complete in eight volumes. Vol. IV. Imperial octavo, pp. 1010. Profusely illustrated. New York: William Wood & Company. 1907. (Price, cloth, \$7.00).

MISCELLANY

MR. W. SHELDON BULL, of Buffalo, contributed an article to the April number of *Good Housekeeping* in which he relates his experience with the backyard goat dairy, that he has established on his premises. Elsewhere in this magazine we reprint Mr. Bull's paper and commend it to those interested, especially to those who are compelled to raise babies through artificial feeding. Goat's milk is said to be next to mother's milk in nutritive elements, causing little or no digestive disturbance. In Italy, and some other countries, infants and children nurse the goat direct, without inconvenience to their digestive functions. Mr. Bull can supply the milk to a limited extent.

BATTLE AND COMPANY, of Saint Louis, have issued pamphlet No. 5, containing a plate showing subcoracoid dislocation of shoulder. This is one of a series of eighteen illustrations of dislocations issued as a complement to long bone fractures.

DR. L. L. SEAMAN, of New York, offers a prize of \$100.00 for the best essay on The Economic Waste Due to Occupational Diseases. The time limit for the presentation of the essays, first fixed at April 1, has been extended to June 15, 1908. The essay should contain not more than 5,000 words, must be signed by a pen name and the real name and address sent in a sealed envelope to the director of the Museum of Security of the American Institute of Social Service, 231-241 West 39th Street, New York.

THE State Civil Service Commission will hold examinations on May 9, 1908, for among others the following positions: Assistant Civil Engineer, \$5.00 to \$6.00 a day; Bookkeeper, fourth grade \$720.00; Health Officer, Town of Brasher, St. Lawrence County; Physician, State Hospitals and Institutions, \$900.00 and maintenance; Stereotyper, State School for the Blind, \$600.00 and maintenance; Telephone Operator, State and County Offices and Institutions, \$360.00 to \$720.00; Woman Officer, State Institutions, \$300.00 to \$360.00 and maintenance. The last day for filing applications for these positions is May 2.

Full information and application forms for any of these examinations may be obtained by addressing the Chief Examiner of the Commission, Charles S. Fowler, Albany.

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ORIGINAL COMMUNICATIONS.

Varicose Veins.

By JAMES A. MACLEOD, M. D., Buffalo, N. Y.

THE condition of varicosity of veins, in whatever part of the body it may exist has, in recent years, gradually been assuming an ever increasing importance in the consideration of the public and of the surgeon. For this great interest two well grounded facts may be assigned. First, the insistence of the Civil Service Commission, the Army and the Navy that those presenting themselves before the medical examiners must be free from any form of varicosity. Second, the great increase in the number of cases in the last half century, due to the congregation and congestion in cities of large masses of people living a confined, non-hygienic life devoid of exercise and lacking proper nourishment. Great numbers of young men and women, scarcely matured, preferring the excitement of city life to that of the more healthy rural, are compelled to accept employment in the large departmental stores. The wage paid is barely sufficient, even with the exercise of judgment and the strictest economy, to supply all the requirements of a healthy body, but foresight is not as a rule displayed by such individuals. The exciting cause that brought them to the city sways them in wasting of their earnings. Long days spent entirely on their feet are followed by late hours passed in crowded theatres and dancing halls. Anemia naturally follows, the whole system is weakened and with it the veins, any slight exciting cause—a circular garter—is sufficient to cause the mischief.

The same applies, though to a lesser degree, to conductors on street cars and railroad trains, motormen, nurses and the like. Finally, the rapidly increasing prevalence of rickets,—resulting largely from the above conditions,—in London, New York and all great cities play an important part in the subsequent causation of varicosity. Deformities of the pelvis, sequelæ of the rickety condition of childhood, lead to difficult labors, to mis-

placed uteri, to added pressure upon the great veins during pregnancy; the exciting cause being thus present, the condition of varicosity soon obtains.

Neurasthenia, in former years rarely seen, is very prevalent from the high tension at which the present day American lives. Slight and insignificant pains are magnified into great, and especially is this true where the genitals are concerned. The young man with a small varicocele, occasionally feeling uncomfortable, soon distorts it into something of grave import; even in some instances to such magnitude that the surgeon feels compelled to operate upon the veins for the cure of the boy's mental state.

By the term varicose vein is meant a permanent dilatation and lengthening, leading to more or less tortuosity of the vein, the walls are thickened, the tunica intima and the tunica media the most markedly so; the capsule and, in some cases, the surrounding tissues may also undergo like sclerosing; the valves atrophy and become functionless; in some instances the dilatation is not uniform but pouch-like in places; these pouches may be so marked along the course of the vein as to give rise to definite tumor-like bodies, designated venous cysts.

The condition of varicosity may be found not only among the superficial veins, but also among the deep ones. The common sites for varicosity are the superficial veins of the lower extremities, the veins of the pampiniform plexus of the spermatic cord and the lower hemorrhoidal veins of the rectum. Varicosity has two main factors in its causation:

(a) Increased intravenous pressure; this is, undoubtedly, the more important factor and is always due to back pressure.

(b) Weakness of the vein wall; this may be inherited or acquired, where it is acquired, as it usually is, it is always secondary to increased intravenous pressure.

The causes of increased intravenous pressure may be classified under two headings:

1. Causes arising in the lumen of the vein.
2. Causes arising external to the vein.

First, causes arising in the lumen of the vein. The actual weight of a column of blood, where the valves are weak or absent, may cause varicosity of the distal veins, and this is seen in people whose occupation necessitates their standing on their feet the greater part of the day. Where a vein is dilated the valves, as pointed out above, become useless and the superincumbent weight of blood tends to further increase the dilatation by the force of gravity. Thrombosis of a main vein may, and usually does, cause varicosity of the veins distal to the thrombosis; if the inferior vena cava becomes thrombosed, the mam-

mary and the epigastric veins become varicose and stand out prominently on the surface of the anterior abdominal wall. General venous obstruction, as in the case of chronic cardiac and pulmonary disease, and portal obstruction, as in the case of hepatic congestion or cirrhosis, may act as factors in the production of varicosity.

Second, causes arising external to the vein. These causes act by direct pressure on the vein, and may be enumerated as follows:

- (a) Tight garters.
- (b) An illfitting truss.
- (c) Pelvic tumors of either pathological or physiological character.
- (d) Tumors deep in the abdomen.
- (e) Enlarged glands, malignant or otherwise.
- (f) Excessive muscular development, causing pressure on the deep veins, as is seen in the lower extremities.
- (g) Chronic constipation.
- (h) Scar tissue.

This condition of varicosity may be divided into three classes: (1) hemorrhoids; (2) varicocele; (3) varicose veins.

1. *Hemorrhoids*.—I will not give more than passing mention to the discussion of hemorrhoids in this paper; let it suffice to say that by the term hemorrhoids is meant a varicosity of the lower hemorrhoidal veins of the rectum.

2. *Varicocele*.—By the term varicocele is meant a varicosity of the veins of the pampiniform plexus of the spermatic vein. It is more commonly present on the left side, and this may be explained by the fact that the left spermatic vein opens into the left renal vein without a valve at its orifice, whereas the right spermatic vein opens directly into the inferior vena cava and is valved at its orifice. Pressure on the left spermatic vein by the sigmoid flexure, in constipation, may also tend to make the varicosity more commonly present on the left side. Pressure on the renal or spermatic veins by a tumor of the kidney, or by glands arising from such, may cause a varix; varicocele appearing late in life should give rise to a strong suspicion of malignant disease of the kidney on the same side as the varicocele.

A varicocele is characterised by a distinct tumor-like body in the scrotum, which disappears upon the patient assuming the recumbent position and which, again, becomes evident upon the patient resuming the erect position; there is a distinct impulse on coughing. It is exceedingly common and may, or may not, give rise to symptoms; if present, the symptoms consist of a sense of fulness, of weight, of heat and, even, a sense of pain referable to the testicle.

The diagnosis is usually simple, as the sensation imparted to the examining finger is quite characteristic, and is likened to a bag full of worms. The only condition likely to be mistaken for a varicocele is an omental inguinal hernia extending down into the scrotum; each gives rise to a distinct impulse on coughing; each disappears upon the patient assuming the recumbent position, but if the finger be placed firmly over the external abdominal ring and the patient be made to stand up, the tumor in the case of the hernia does not reappear; whereas in the case of the varicocele it again becomes evident, the veins filling from below.

The treatment may be palliative or operative. The palliative consists in keeping the bowels active, and the wearing of a suspensory bandage; such measures should be given a fair trial before thinking of operative procedures, except where the patient is barred from entering some occupation by the presence of the varicocele. If operative treatment be decided upon, the only method to be considered is the open one, and in it the incision is preferably made over the external abdominal ring.

3. *Varicose Veins*.—By the term varicose veins is meant a varicosity of the veins, otherwise than of the hemorrhoidal and spermatic ones, and is more especially applied to the permanent dilatation and lengthening of the superficial veins. Varicose veins are most commonly found among the superficial veins of the lower extremities. Symptoms may or may not be present; when present, they consist of a sense of weight, of heat, of discomfort and even, in some cases, a sense of pain.

The diagnosis is usually simple, as the veins stand out prominently on the surface of the limb; they usually subside upon the patient assuming the recumbent position. The most likely condition to be confused is a femoral hernia presenting at the saphenous opening, and then only in the case of a venous cyst at that situation. I remember one patient being sent into the hospital for operation for femoral hernia, which, on examination, proved to be a venous cyst; we have in each a distinct impulse on coughing; each of them may disappear upon the patient assuming the recumbent position, but if the finger be placed firmly over the femoral canal and the patient be made to stand up, the tumor, in the case of the hernia, does not become evident; whereas, in the case of the venous cyst, it reappears, the cyst filling from below.

Complications.—(a) Pigmentation of the skin, where the veins are small and numerous, is a very common occurrence, especially in those cases, which have been complicated by eczematous states.

(b) Phlebitis is a very common occurrence, and may end in resolution or thrombosis. In some cases we have recurrent attacks of inflammation, and in such the vein walls become very markedly thickened, so much so that the vein can be readily mapped out, even with the patient in the recumbent position.

(c) Thrombosis most commonly occurs as a sequela of phlebitis, but it may also occur in conditions, in which we have a stasis of the venous current, for example, in the venous pouches or ampullæ of the valves. Organisation of the clot may take place, and go a long way toward affecting a cure of the varix. In some cases we may even have calcification of the clot; I have seen a number of small calcareous phleboliths in operating for varicose veins. The clot may become detached and swept into the general circulation, where it may lead to serious mischief through pulmonary or cardiac embolism. The clot, especially where the thrombosis has been caused by a phlebitis, may break down and suppurate; the suppuration may be very extensive, involving not only the vein itself, but also the surrounding superficial tissues; it may spread along the vein, being preceded by thrombosis, into the deep veins, where it may lead to wide-spread mischief. Pieces of septic clot may become detached in the venous current causing in the case of the portal circulation multiple hepatic abscesses, in that of the general circulation a general pyemic condition with its many embolic abscesses.

(d) Eczema is very prone to occur as a complication, on account of the congested state of the skin.

(e) Ulcers of the skin are also very prone to occur, especially in cases already complicated by eczema.

(f) Hemorrhage may occur from injury, or from ulceration; when present, it is usually very copious, the bleeding taking place from both ends of the severed or perforated vein, the valves above not acting.

The treatment hinges largely on the causative factor or factors of the varicosity, and on the complications, if any be present. We may divide the question of treatment into eight classes, namely:

1. Cases in which there is no gross obstruction.
2. Cases in which there is a gross obstruction.
3. Cases which are complicated by the presence of venous pouches.
4. Cases which are complicated by the presence of eczema.
5. Cases which are complicated by the presence of ulcers.
6. Cases which are complicated by the presence of phlebitis.
7. Cases which are complicated by the presence of thrombosis.

8. Cases which are complicated by the occurrence of hemorrhage.

Group 1.—Cases in which there is no gross obstruction.—The varix in these may be the result of a congenital weakness of the vein walls, but such a defect is, usually, only one of the factors in the production of the condition; the common causes, to which the above mentioned weakness may be concurrent, are as follows: prolonged standing, as is seen in the case of street car conductors; compression of the deep veins by excessive muscular development, as is seen in the case of athletes, and the wearing of tight garters or an ill-fitting truss.

Symptoms may, or may not be present; if present, palliative measures should be given a fair trial; the causative factor or factors should be removed, where feasible; if a truss be worn, a properly fitting one should be procured, an elastic bandage worn, and a general tonic treatment prescribed. Failing these measures, and even where these give relief it may be necessary to remove the veins, to insure the patient's admission to certain occupations, for example, the army, the navy, and the civil services.

The operations for the relief of varicose veins are numerous, but the most popular are as follows: (1) Excision of the entire involved vein. (2) Excision of a small portion of the varicosed vein, close to its junction with the main vein, or even a simple ligation of it at the same position, for example, at the saphenous opening, when the internal saphenous vein is involved. (3) Excision of small portions of the vein at junction with its tributaries. (4) A circular incision of the limb down to the deep fascia, tying off all veins encountered.

I have tried all of the above methods of operation, and my best results have been obtained where I have employed the third one—namely, excision of small portions of the vein at junctions with its tributaries. My mode of procedure is as follows: the patient having been anesthetised, and the limb purified, a tourniquet is applied well above the site of the varix; the veins, which become engorged and stand out prominently on the surface of the limb, are marked at desirable points on the skin, picking out the main junctions, by light touches of a sharp scalpel. The tourniquet is now removed, and the limb held up to drain the engorged veins of blood. An incision is made down to the vein at each position marked, and about one inch of it excised, tying off at the same time a small portion of the tributary. In a number of cases I have seen other veins become prominent a few months after the operation; these have been treated in a similar manner by a secondary operation.

Group 2—Cases in which there is a gross obstruction.—The treatment here depends entirely on what the obstruction may be. It may be taken, however, as a cardinal rule that no operation upon the veins should be undertaken whilst the obstruction persists. If it is feasible to remove the obstruction, and if after its removal the varix still persists then operation toward its relief is in order. Varicosity complicating pregnancy subsides, as a rule, after the pregnancy is terminated.

Group 3—Cases which are complicated by the presence of venous pouches.—These pouches, the walls of which are thin, stand out prominently and are thus very liable to injury. The hemorrhage from a ruptured venous cyst is always very copious, in fact so much so as to endanger the life of the patient. The presence of a venous cyst or pouch is, therefore, always an indication for operation. The cyst should be excised, and the rest of the mischief treated in a manner similar to that described above.

Group 4—Cases which are complicated by the presence of eczema.—In the treatment of these I have found elevation of the limb, and the application of Unna's dressing to be the most efficacious.

Group 5—Cases which are complicated by the presence of ulcers.—These ulcers are usually of an indolent character; the base is more or less adherent to the underlying tissues; the edges are hard, sharp cut, and elevated above the rest of the surface; the surface is usually smooth and glistening, and of a dirty yellow appearance, with perhaps a few badly-formed granulations. These ulcers may be simply indolent, the discharge being a thin yellowish serum, or they may be very foul, the discharge being profuse and purulent. The treatment varies with the age and condition of the ulcer. In the early stages all that is necessary is rest and elevation of the limb, and protection of the ulcer from irritation. In the later stages the first object is to obtain as near an aseptic condition of the ulcer as possible, and I begin treatment, whether the condition is apparently clean or evidently unclean, by a course of antiseptic fomentations until I feel that the ulcer is in a fairly aseptic state. I then apply Unna's dressing, which is made up as follows: gelatine, 5 parts; oxide of zinc, 5 parts; boric acid, 1 part; glycerine, 1 part; water, 6 parts; to this is added a little ichthyol or sulphur. The limb is first washed with soap and water and purified with carbolic lotion (1 in 20). It is then wrapped round, from toes to knee, with a single layer of aseptic gauze, and the paste, heated so as to make it liquid, is applied over the gauze. Another layer of gauze is applied over the paste and the whole allowed to dry. This dressing is changed from time to

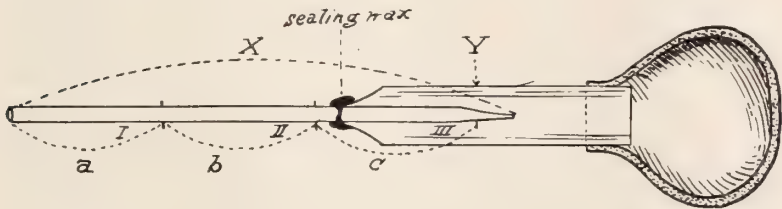
time, varying from a couple of days to one week. Many cases rapidly heal under the above regime. Failing cure in a few weeks I have tried, with very gratifying results, methods along the line of treatment used by Bier. In this treatment we make use of a congestion, brought about by the wearing of a tight constricting band above the site of the ulceration. The patient is directed to use a Martin's bandage, applying it firmly and evenly just below the knee; he is directed to keep the limb elevated and wear the bandage for twenty minutes four times a day. The ulcer, in a large number of cases, rapidly fills up with strong healthy granulations and the epithelium proliferates over these.

Where the ulcers have become septic and do not readily clear up under ordinary surgical dressings great benefit is frequently observed from the use of bacterial vaccines. It is wise to make cultures and isolate the infecting organism; if it is a staphylococcus a stock vaccine of unquestionable value should be employed, but if it is a streptococcus a specific vaccine must be used. In cases so situated that cultures cannot be made it is justifiable to use a stock vaccine under the presumption that such cases are usually due to the staphylococcus but, in my opinion, if there is no marked improvement after the third inoculation, the treatment should be discontinued pending the isolation of the infecting organism. Where stock vaccines are employed, 100 millions of the staphylococcus aureus and 20 millions of the staphylococcus albus are injected twice a week. It is also well during the administration of the vaccines to increase the flow of serum to the part by reducing the clotting power of the blood, by means of therapeutic measures to be described later in this paper. The improvement under this regime is rapid up to a certain point, that is, up to the time of the cure of the septic part of the mischief. Thereafter we must rely on Unna's or Bier's method of treatment as depicted above, or on surgery.

Some cases are exceedingly obstinate, due to the indurated condition of the base, which is adherent to the underlying tissues, and even in some instances to the periosteum; it may be necessary in these to thoroughly curet the base and edges. I have, on several occasions, excised the whole ulcer; granulations usually spring up abundantly after the operation; it may be wise in some instances, where the ulceration is widespread, to skingraft at an early date. Some surgeons advise operating on the veins for the relief of the ulceration. If the operation is performed it should be deferred until the ulceration is healed up; even then it is questionable, in my opinion, whether or not it is a proper procedure. I have seen a number of cases in

which the ulceration recurred after the removal of the veins, and in each it proved to be most intractable.

Group 6—Cases which are complicated by the presence of phlebitis.—In all cases of phlebitis the clotting power of the blood is high, that is, the blood clots in less than normal time. It is certainly beneficial, taking into consideration the further complication of thrombosis with all of its dangerous possibilities, to lower that power by adhering closely to the therapeutic measures presently to be described. The clotting power of the blood may be quickly ascertained by the laboratory technic employed by Ross, of Toronto. The apparatus—coagulation tube of Wright—and the method of investigation may be briefly described as follows: the coagulation tube of Wright comprises



WRIGHT—COAGULATION TUBE

x a fine capillary tube of such a caliber that 5 centimeters of its length just contains 5 cubic millimeters of blood. x is divided into three parts—a, b and c—by points I and II; part b is 5 centimeters in length and contains 5 cubic millimeters.

The contents of part a is equal to that of part c; y is a glass holder fixed by sealing wax on to the tube x; z is a rubber bulb.

The upper end of the tube x is made with such a fine caliber that whilst air can pass through mercury cannot. The technic employed is simply but rapidly performed. The rubber teat is compressed between the thumb and forefinger; mercury is drawn up to point I; the blood from a punctured finger is drawn up until the mercury reaches point II; the end of the tube is then removed from the blood and the pressure released from the teat; the mercury passes up the tube until it is stopped by the fineness of the caliber. It is obvious that we now have just 5 millimeters of blood occupying a space 5 centimeters in length in the tube. The tube now containing the mercury, blood, and air is immersed in a water bath with a temperature of 38 degrees centigrade. The normal clotting time of the blood in a tube so made and under the above conditions is from one and a half to two minutes. The tube, having been in the bath for one and a half minutes, is withdrawn and its contents rapidly expressed upon white blotting paper, and the condition of the blood observed;

if fibrin is just commencing to form then one and a half minutes is the clotting time, if there is no sign of fibrin formation a fresh tube is prepared and placed in the bath for a longer period of time. These experiments are continued until the exact time of clotting is discovered, and this with good technic and experience is quickly arrived at.

The clotting power of the blood is in direct ratio to the time thus discovered. If the clotting power is high, that is, when the time is less than one and a half minutes, and it is deemed necessary to lower it, lemon juice or citric acid is administered. If the clotting power is low, as is shown by the delayed clotting in the tube, calcium lactate is administered with an initial dose of half a dram and 10 grains thrice daily thereafter, articles containing citric acid obviously not being allowed in the diet. In phlebitis, whether thrombosis has occurred or not, citric acid is given in preference to lemon juice and in large doses, one dram as an initial dose followed by 20 grains thrice daily for 4 or 5 days; and after an interval of a few days a resumption of the drug. The reason that the citrates lower the clotting power of the blood is because they combine with the calcium salts, which are essential to the rennet and fibrin ferments. The clotting power is first lessened but, later, by continued use of the citrates the coagulability is again increased, probably owing to the fact that the citrates dissolve the lime salts out of the tissues. In my opinion the estimating of the clotting power of the blood is not only highly scientific but also of great practical benefit. It gives us an indication, if thrombosis has not occurred, not only of the imminence of that troublesome complication, but also of the possible extent to which it may be carried. It further serves the important purpose of indicating exactly when to cease the therapeutic measures which have been instituted, and when to reinstitute them.

It is only in the mildest attacks of phlebitis that thrombosis does not occur; therefore the greatest care should be exercised even in apparently mild attacks. The patient should be put to bed, the limb kept absolutely at rest to limit the inflammation and in an elevated position to assist the venous return. Local remedies, such as belladonna fomentations, may be employed to allay the inflammation and pain. Such precautions and measures should be persevered in until all signs of inflammation have passed away.

Group 7—Cases which are complicated by the presence of thrombosis.—As stated above, thrombosis may end in organisation of the clot; pieces of the clot may, however, become detached before organization is completed and swept into the general venous current. When it is consequent on an attack of phlebitis, as it

most commonly is, it may break down and suppurate instead of organising.

I will deal with the question of treatment according to the condition present: (*a*) cases which are independent of phlebitis, or are the sequelæ of mild attacks of it; (*b*) cases which are the sequelæ of severe attacks of phlebitis, and pass on into a condition of suppuration.

(*a*) These cases, taking into consideration the danger of detachment of pieces of the clot, should be treated in a similar manner to that depicted above for the treatment of a simple attack of phlebitis, but those precautions and measures should be prolonged (6 to 8 weeks) until organisation of the thrombus is complete. Massage is then in order to cause absorption of the induration in and around the involved vein. The complete organisation of a thrombus very often affects a cure of the varicosity; in fact it has the same effect that the removal of the veins would have.

(*b*) The greatest caution should be exercised in those cases, in which suppuration is to be feared; it is always wise in such to cut down on to the vein and ligate it well above the site of the thrombosis, so as to insure that pieces of the septic clot will not become detached and swept into the general venous current. Where suppuration has already occurred, operation is demanded; the vein should be exposed by a free incision, ligated well above the site of the suppurating thrombus, and the abscess freely opened. It may be necessary, in the worst cases, to perform extensive operations for the relief of the condition. In those cases seen late a keen watch should be kept up for the appearance of embolic abscesses, which should receive prompt treatment when found.

Group 8—Cases which are complicated by the occurrence of hemorrhages.—Hemorrhage, complicating a condition of varix, may be the result of injury, or from an extension of ulceration. Hemorrhage, the cause be it what it may, calls for prompt action; the first aid should consist of pressure firmly and evenly applied; the treatment thereafter varies according to the condition present, but one may take it as a cardinal rule that the occurrence of a hemorrhage is a very strong indication for an operation towards the relief of the varicosity.

327 DELAWARE AVENUE.

Mr. McQuire (to hospital attendant)—Phwat did ye say the doctor's name was?

Attendant—Dr. Kilpatrick.

Mr. McQuire—Thot settles it. No doctor wid thot cognomen will git a chance to operate on me—not if I know it.

Attendant—Why not?

Mr. McQuire—Well, ye see, my name is Patrick.—*Judge.*

The Hospital Interne.¹

By E. L. SHURLY, M. D. Detroit Mich.

I DOUBT whether the vast archives of medical history would furnish much literature on the subject of that character of medical life known as the Hospital Interne, or House Physician, or House Surgeon, or Resident Physician, as he may be designated. Yet, such sort of official has been the complement of organised hospitals for at least 400 years, and probably also from earlier antiquity—when the religious temples embraced the foci of medical learning.

However, old as he may be and neglected as he has been, I shall risk censure by taking him for a topic on this occasion, fondly hoping that in the near future I may be justified by the exhumation of his archaic existence, portrayed on a stele as a fine Apollo-like figure beneath a talismanic scroll bearing the word sterility, with a culture tube in one fist, and a rattlesnake in the other, standing on an embalmed effigy of death, wrapped in iodoform and bichloride gauze, while casting a smile of triumph at a tunicless, aseptic, image of Hygeia by his side who, under the emblem of a trained nurse's cap, holds a scepter bearing the legend, "There is nothing new under the sun,"—but me!

Oh! would that archeology might make this discovery during my lifetime, so that I might be justified in thus assuming to connect such a modern entity as the Hospital Interne with the musty myths of the past. Having passed through the various stages from hospital hangeron, sub-interne, interne, member of hospital staff, and chief of hospital staff, I confess to feeling what might be called a degenerate passion for passing down the gamut to the realm of hospital life—to stand again, a supercilious menial, amidst the activities, the tragedies, and the triumphs of science and art, as encompassed by the sacred walls of a hospital; where is nurtured education, sympathy, courage, ambition, and self-abnegation. What a glorious dog's life it is! where the lashes of censure from many masters whip the sentient nature into self-control, or the balm of encouragement loosens the springs of ardor, hope, and industry. And, where suffering, patience, fortitude, terror, petulance, tragedy, comedy and all human virtues and weaknesses are ever present to excite pity, firmness, philanthropy, and incentive for scientific thought and ethics. What a book for study is thus offered! And what a stack of experience may be thus garnered within those walls.

Sequestered from the outside world as it were, and environed with responsibilities, surprises, dangers, doubts, and censures—variously combining as either balmy showers, or cutting hail

1. Read at the annual meeting of the Buffalo General Hospital Alumni Association, April 24, 1908.

storms,—to foster, or to break the threads of his imperturable self-conceit, or scientific ambition, the Hospital Interne certainly occupies a unique position.

It is true that the outside practising physician also meets with all of these vicissitudes,—even coming with more potent force, because he is acting entirely upon his own responsibility. Yet it is less intense,—more bearable because more diffused over the range of time. Besides, the outside practitioner has no immediate censor to lean upon, or to wield the club of discipline over him. But alas! although so free from outside worry—and so comparatively independent,—the glory of the Interne's progress is frequently shaded by severe and critical reverses, through mistakes, or accidents, or other unfortuitous circumstances.

Among the less fascinating of the disasters which may befall him is that of making a post-mortem examination on the wrong cadaver. Take, for instance, a patient in whom he has been greatly interested during life. At the death he is naturally eager to see the effects of the morbid process which he has watched step by step. He goes to the task of investigation in the dead room, (for the pathologist is seldom there), with a high degree of attention and curiosity. When soon, perhaps, after exposing and unseating the viscera, he fails to find the anticipated lesions—becomes astonished beyond measure, and finally discovers that he has dissected the wrong body. He has, perhaps, mutilated a body which on account of circumstances may bring him, and the institution before the bar of public indignation.

Here, then, is a terrible catastrophe, well-nigh sufficient to convert his scientific enthusiasm immediately into apprehension and remorse; for he is surely in a "bad scrape." He has probably ran hard against a heap of maudlin sentiment, born of barbaric superstition and tradition. In despair and perhaps "rattled" he flies for consolation to his colleagues, and to the solace of his pipe within the sacred precincts of his room, there to plan, and await extrication through the merciful hands of the undertaker.

Nor can we wonder at the surcease of sorrow and the composure which may follow an entrance to this,—a hospital interne's room—his home; when we behold such a spectacle of charming disorder! unequaled by any other particular domiciliary quarters. Come, let us look into one! It contains two beds (to be occupied by four persons perhaps) and is never seen "made up." Two wardrobes, one table, four spittoons, two chairs, one looking glass,—frescoed with the dry remains of splashes of soapy water, or ginger ale; a washstand laden with towels, rags, cracked tumblers, pieces of soap, tooth brushes, cigaret and cigar stubs. Two or four trunks ornamented with bric-a-brac—consisting of human bones, and also fancy embroidered pillows.

One, or perhaps two, bureaus with drawers in various states of adjustment, and with top covers consisting of tobacco begrimed towels, almost hidden from sight by neckties; soiled and clean collars and cuffs; jewelry—principally cuff and collar buttons—photographs, old letters, combs, brushes, surgical instruments, books and circulars. A table covered with a cloth as well stained as any laboratory cloth ever seen, its surface bedecked with about 20 pipes, six boxes of tobacco, empty and partially filled cigaret boxes, four human skulls—collectively containing postage stamps, shirt buttons, rings, string, buttons, playing cards, religious mottoes, and microscopic slides. Cover glasses, pens, pins, pencils, pen-holders, matches, and the like.

There will be on the table also, books, stethoscopes, water-pitchers, surgical instruments, newspapers, magazines, a bottle of black and a bottle of red ink, besides several bottles containing various medicinal mixtures. On the window sill, are shaving mugs, razors, and similar belongings. Photographs, pieces of paper, pieces of pipes, boxes, cigaret holders, memoranda, tumblers, saucers, books, pamphlets, surgical plaster, bandages, ribbons, and the like, while the walls are literally covered in places with college banners, mottoes, cartoons, plaques, and photographs of pretty girls and sturdy young men,—interspersed with placards such as "Keep out;" "This is my busy day;" "Go back and sit down;" "Come to Happy Hooligan" and "God bless our home."

And on the floor in and about the room corners, are such personal vestments as soiled underclothing, and linen, shoes, slippers, boxing gloves, books, umbrellas, canes, gowns, baseball bats and the like. In short, the air of elegant disorder hereabout is most typical of man's innate tendency to revolt against the little conventionalities of civilisation. It is however, the interne's Arcadia, although the throne of Chaos be installed with mighty grip. I am well aware, however, that this description may not apply to the appearance of the rooms of the modern interne, inas much as the beneficent influence of the trained nurse, undoubtedly exerts a strong restraining influence over man's careless tendencies.

There are at least four classes of hospital internes—namely, the Good, the Self-conceited, the Antomatic, and the Bad. The definitions of these several classes seem hardly necessary, because we have probably been in each class ourselves. I ought, however, to spend a moment in mentioning that the latter class for the development of pure "cussedness" and the extension of its consequences to the staff, their fellows, and the hospital generally, deserves the highest prize which his Satanic majesty can forge. I am glad to say however, that this class numbers but few. The

classification mentioned, holds good in whatever manner the members may be selected,—according to my observations. For in one of our large hospitals the selection by examination is practised, while in the other the selection is made by appointment without examination, yet the results are apparently the same. Indeed it often happens that the most scholarly men prove to be the most automatic and inefficient and vice versa.

One cause of the inefficiency of internes may be the short tenure of office, thus making the term of service in the several departments too short. Another, may be the rushing advance of surgery which requires the services of the whole house staff for many hours of the day, and another cause may be the attraction offered by surgery to the young men. The grand direct results, the brilliant effects, the adventurous ante-mortem sorties, all attract the young man's attention and render his interest in a cardiac or other inoperable visceral lesion too tedious, and prosaic.

The interne is often spoiled by members of the medical staff,—some of whom are too careless and lenient; while others are too punctillious. The effect of being on a medical staff works an unfortunate change on some men,—who become austere, fault-finding, and otherwise discomforting. Some are altered by extensive travel,—for instance, a man may go to Europe where the hospitals are supported by State taxation, where labor is cheap and temporal ambition is low, and come back to his little financially struggling hospital, full of new or old ideas, and may undertake to institute all sorts of arbitrary and expensive reforms in discipline, hygiene, or appurtenances,—in accordance with what he has seen abroad. He may thus engender a seige of confusion which is both troublesome and impracticable. Such errors of judgment often confuse, discourage and spoil internes as well as nurses.

The bulldosing of internes and hospital attachés by staff members does not generally secure the best service. However, the behavior of hospital staffs,—especially the surgical members, is not as flagrantly imperious,—if I may be allowed the term,—nowadays, as formerly. Many of us can well remember the insults and the menial life which we led at times. Before the days of the trained nurse the interne fulfilled that important position to a great extent. He was apothecary, wound dresser, orderly, and anesthetist. He gave rectal injections, took all the temperatures, and often attended to the bathing of patients. He was in truth the factotum of the hospital medical administration. He was held responsible for doing, and for not doing all sorts of things.

If he tied the carotid artery to prevent death from hemorrhage on one occasion, he was "blown up" for it, or, if he did not

do so on another occasion, he was also "blown up" for not doing it. He would be up all night perhaps with a case of tetanus—administering chloroform, or attending a woman in labor, and then do his routine work the next day just the same; he should not be tired, that were childish. If he did not tie the arteries at an operation, as fast as the surgeon could cut them, he would be insulted right there and then, with no uncertain expletives either,—notwithstanding the third commandment. For surgeons formerly, as now, did not always keep in mind the decalogue. But, notwithstanding all this, hospital work and discipline constitutes a grand beneficial epoch in one's medical life. The sequestration from outside friction is enchanting, the close contact with suffering humanity and the opportunity for observation of scientific administration for its relief is gratifying. The sieges against disease and death, whether losing or winning, are glorious ones.

To assuage a poor wretch's pain or suffering, or directly save his life, even at the risk of becoming infected is exhilarating. And to work out the precise pathology of the disease during life and even after death is really exalting. Aye! to learn science by study, and art by practice, is a goal worthy of any man's energies, and in hospital life lies the ideal field. To learn and digest what we observe, and to feel what we learn, should be the acme of our ambition. Hospital life, then, should sharpen the faculties, enlarge the senses, develop the reason and broaden convictions. This it may do for the interne, if he takes advantage of his opportunities, and will think hard. Otherwise, it may narrow his mind, cripple his thinking machine. But, besides making him scientific, hospital life may not make of him an efficient outside practitioner among the people. It may take him at least two years to become a good outside practitioner. Why? Because he has been studying organisms only. He has perhaps become too scientific. He has not been studying man as a civic or social being, but unconsciously as an animal only—under discipline. The social and to a certain extent the psychic side of man, he has yet to learn.

His methods and habits in the hospital have been rather laconic and dogmatic. He has not realised the difference between man and a guinea pig. He has not been dealing, so to speak, with man as a free agent, at home. He cannot visit his patient in private practice as he would in the hospital. He cannot go with watch in one hand, and thermometer in the other, making his observations in silence, and brusquely take his leave, with a wave of the hand, and a command to go on the same, or do so and so; ignoring questions, conversation, and the all important suggestions of

relatives and neighbors. If he does so, he will be a poor practitioner, in every sense, for he must learn individuality. He must add to his knowledge and expedients—tact. It may be easy to shoot a lion, if one can “get within range,” but alas! it may be difficult to get within range.

Neither can scholarship save him from failure always, for people generally care little for erudition which they do not understand. They want relief; they want sympathy; they want congenial touch in addition to scientific effects. These outward and visible signs they must have; and, unfortunately the man without the proper qualities,—whether a scholar or an artist,—can not command the confidence and coöperation of the laity. And when the physician or surgeon with the splendid equipment furnished him by hospital service as an interne, can afterward put himself *en rapport*, equally with the emotional, the superstitious, the ignorant, the intelligent, and the undisciplined elements of society, so as to secure their respect and confidence, he will be able to use successfully his store of science, and his acquisition of art, for the benefit of humanity, and for his own benefit, he will be an esteemed and honored physician and surgeon. He will be able to fulfil the mission so graphically expressed by Stephen as follows: “The physician is the flower (such as it is) of our civilisation; and when that stage of man is done with, and only remembered to be marvelled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably exhibited the virtues of the race.”

32 ADAMS AVENUE, WEST.

The Treatment of Chorea.

By ARTHUR FRANCIS VOELCKER, M. D., F.R.C.P.

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AMONG the curable diseases of the nervous system there are few in the management of which more varied modes of treatment have been adopted than in chorea. This is due partly to the various forms in which the disease shows itself and partly to the views which are held as to the nature of the disease; thus we see one line of treatment which is directed to the quieting of the motor, another to the mental phenomena, and a third to the combating of the rheumatic processes which are held by so many to be at the root of the choreic manifestations.

There are those who hold that drug treatment is useless—that the disease will run its course and that it is uninfluenced by drug treatment—while others have seen very definite and bene-

ficial results following on the use of drugs. My own experience has taught me that a very distinct improvement in our treatment of those forms of chorea which are characterised by excessive movement or mental upset has taken place in the last few years owing to the introduction of some of the newer sedative agents. Chorea, like any other morbid manifestation, is not to be treated by drugs alone. The management of a case of chorea calls for a considerable amount of tact as well as of therapeutic skill on the part of the physician. Drugs administered without due regard to the surroundings, diet and general hygiene of the patient are worse than useless, and it is a well-known fact that many cases of chorea recover without any drug treatment whatever.

In the following contribution I propose to set out the general lines which we should follow in the treatment of a case of chorea, and to indicate what are the special phenomena which may arise and the treatment appropriate for them.

We may divide the treatment of chorea into three heads: (1) general; (2) symptomatic; and (3) specific.

(1) *General*.—Directly a case of chorea is recognised the child should be taken from school, or if at home should be kept apart from the other children in the house, at all events for the greater part of the day. So often the early stages of the disease go unrecognised because it is not appreciated that the little outbursts of temper, irritability, spitefulness, peevishness, or emotional instability are the early evidences of the condition, even before there is any definite motor evidence of the disease. The recognition of this fact will often prevent the outbreak of a violent manifestation of choreic movements which may follow on the injudicious, though well-intentioned, correction of faults which are themselves only the result of a disease in its earliest stages. When we remember the natural fidgetiness of children and the imperceptible line which divides a natural from a pathological restlessness, we can see how easy it is, if we rely merely on motor phenomena, to overlook or misinterpret the early stages of the disease. It is on this account that leniency must be shown to the shortcomings of children, and particular care taken that the children are as far as possible kept away from those environments which have in them the makings of a difference of opinion or of rivalry of interest. At this stage much harm may be done by injudicious parents, foolish nurses, or teasing brothers or sisters. In many of these cases, and especially if the child has already had one attack of chorea, an attack may be aborted by taking the child out of its usual surroundings and sending it away into quieter ones with a relative or nurse who is well known and congenial to the patient. To send cases at this stage to strangers or to convalescent homes is worse than useless. Isolation in the early stages

is undesirable, if by isolation we mean shutting a child up by itself. Rest is a very important requirement at this stage, but note must be taken of the temperament of the child, for in some cases the forcible detention of a child in bed all day long will do more harm than good. On the other hand, it is essential that the child should be made to lie down for at least part of the day, though there is no reason why this procedure should be made tedious or punitive by deprivation of toys, books, or of mechanical work. Sewing or knitting should only be allowed when those arts have been already acquired, and new kinds of work should not be attempted. At this period inattention and instability, the two most prominent features of the condition, are to be met, not by correction, but by judicious sympathy. It is advisable that these children should have a light burning in their bedrooms at night, and a grown-up person should sleep in the same room.

The question of exercise must be largely determined by the coexistence of other rheumatic manifestations, as indicated by the temperature, by the state of the heart, and by the presence of pain. In the absence of these there is no harm in letting the child go out for short walks, but it must be remembered that any fright, over-fatigue or excitement may have the result of causing a rapid development of symptoms.

By the adoption of these general hygienic precautions and by feeding the child well and securing sleep by means of a warm bath at night, and by the administration of sedatives, I think it is quite possible to avert an attack of chorea. For the purpose of securing sleep I have found nothing so useful as the administration of trional in 5 grain doses every six hours. It is rarely, however, that we are called on to treat the very early stages of the disease, as they are generally not recognised till the movements are quite definite.

(2) *Symptomatic*.—The symptomatic treatment of chorea will in the main resolve itself into the treatment of the movements, insomnia, the emotional upsets, the wasting, and of the paralytic phenomena which may constitute the great feature of an attack of chorea.

Movements.—Directly these are marked the child should be put to bed and kept there. The bed should not be too large and should be protected at the sides, so that there is no risk of the child falling out, and if the movements are at all severe it will be necessary to have the sides of the bed padded. In the worst cases of movement it may be necessary to make the bed up on the floor, but this is a measure which has great disadvantages, as it increases the difficulty of nursing the child, and is not without risks from the liability to draught and dust, while the unusual situation is not particularly reassuring to an excitable child.

When movements are marked, water-beds are not indicated, though in the paralytic form of chorea, and when there is very marked wasting, they are of the greatest use. Although bruises on the shins are so common as to constitute a trade mark of chorea, yet sores in the form of abrasions of the skin with subsequent pus infection are surprisingly rare, and I have never seen a bed-sore develop in hospital, though I have seen cases in which, from bad nursing, sores had developed previous to admission. One of the worst I ever saw was in a boy who developed the paralytic form of chorea and pericarditis, and who had had a blister applied all down his spine previous to his admission into hospital. When the movements distress a child much, considerable relief can be obtained by wrapping the child up in a blanket and then tucking the child firmly into bed. It is important in such cases to avoid anything which would seem to the child to savor of punishment. Choreic movements should not be allowed to go on unrestrained. The measures we may employ to diminish the movements may be divided into (i.) external applications and (ii.) internal medication.

(i.) *External Applications.*—These include packs, baths, douches, sponging, massage and electricity. Of all the external agents there is none so satisfactory as the use of the hot-pack. The child is wrapped in a blanket, which is wrung out in hot water, covered over with a mackintosh sheet, and then with another dry blanket, and thus enveloped, is tucked up in bed. In such a warm pack a child may be left for several hours. In a case recently under my care, where, in spite of the internal administration of sedatives, the movements were becoming more marked and the insomnia increasing, the application of the hot-pack was followed by ten hours continuous sleep with a very marked diminution of the movements. This form of treatment is nearly always grateful to the patient.

Cold-packs are indicated when the case is complicated with severe pyrexia, but apart from that they do not offer any advantages over the hot-packs.

Cold douches and tepid sponging find their chief utility during the period of convalescence or in very chronic cases.

Blisters and counter-irritation along the spine need only to be mentioned to be condemned.

Massage is undoubtedly of great benefit when the movements are subsiding, but has its greatest utility in the treatment of the wasting and of the loss of power after prolonged chorea, either of the motor or the paralytic variety.

Electrical treatment may be useful under similar circumstances, but it has seemed to me to offer no advantages and to

present many disadvantages compared with the treatment by means of simple massage.

During convalescence the coördination of the muscles may be increased by practice, such as may be obtained by playing with marbles on a solitaire board or by various kindergarten occupations; but nothing must be attempted which, if failed in, would give the child occasion for reproof or regret.

(ii.) *Internal Medication.*—The length of the list of drugs which have been recommended in the treatment of chorea is a sufficient commentary on their efficacy in the disease. For many years arsenic has been perhaps the most widely employed drug. Originally given in moderate doses, it has of late years been pushed so as to bring patients rapidly and markedly under its influence. In some cases this line of treatment has been followed by distinct improvement, but in other cases it has failed and the therapeutical problem has been complicated by the necessity of treating a case of chorea and one of arsenical poisoning in the same individual. At the present time I have quite given up the use of arsenic in the acute stages of chorea, though it is useful in combination with iron and nux vomica in the treatment of convalescence and in the paralytic forms. Ergot has also been recommended, but in my hands has not justified the claims made for it. In combination with strychnine I have also failed to get good results from its use.

(3) "*Specific*" treatment of chorea has been based on the view, which I hold very firmly, that in the vast majority of cases chorea is a rheumatic manifestation. Accepting this as the correct pathology of the disease, treatment has been directed to combat the rheumatic poison which we assume to be present in the rheumatic state. First and foremost among these remedies we place the salicylates and aspirin.

My experience of the treatment of chorea with salicylates have been far less satisfactory than that of others who have advocated the use of the drug, for though I have rarely seen any definite improvement follow its use I have on several occasions seen chorea develop in children who were actually under the influence of salicylates for the treatment of some active rheumatic condition. When there are active rheumatic conditions such as arthritis, tonsillitis, pyrexia and possibly, in some cases, recent pericarditis, then salicylates are useful for the treatment of these conditions, though I have not been able to convince myself that they produce any definitely beneficial effect on the chorea. Dr. Lees, however, speaks very decidedly in favor of the administration of large doses (400 grains to 500 grains per diem) of salicylate of soda, but my experience with less heroic doses has not been so favorable as far as the chorea is concerned,

while the risks of the production of conditions of acidosis must be prominently borne in mind. In the present state of our knowledge of rheumatism I think we are not justified in taking up the position that whatever is rheumatic must therefore respond to salicylates. One striking example in illustration of this is to be seen in the case of rheumatic nodules, which few would deny to be, in children, pathognomonic of rheumatism, and yet these nodules do not show any definite response to treatment by the salicylates. I have, in cases of chorea uncomplicated with other rheumatic manifestations, discarded the salicylate treatment.

In uncomplicated chorea the best results I have seen have followed on the administration of sedatives. For this purpose bromides and chloral have been extensively employed, but though useful in some cases have been very unsatisfactory in many, and chloral is not a drug which should be used without great care, especially in a disease in which the heart so often is affected, either with dilatation or with organic valvular mischief. More than two years ago, following Dr. Essex Wynter's suggestion, I used chloretone as a sedative, and had very gratifying results from its use: the period of attack, the severity of the movements and the mental instability were all favourably influenced by the drug, but it has some minor disadvantages in this, that it is rather apt to make the children too drowsy, and there is sometimes produced an erythematous rash and the eyes get a puffy appearance not unlike that produced by whooping-cough, but unaccompanied by albuminuria. While chloretone has proved of distinct use in the treatment of chorea, I have had distinctly better results from the use of trional. Under its influence the movements subside more rapidly than with any other drug I have employed, the mental condition is distinctly improved, there is less instability, and this is not accompanied by as much drowsiness or heaviness as I have observed with chloretone. I have recently tried a new drug called bromural which is a monobrom-isovalerianylurea. Although this drug has proved very useful in the treatment of the restlessness and sleeplessness which accompany so many cases of heart disease, yet its influence on the progress of those cases of chorea on which I have tried it has not been more beneficial than that of either chloretone or of trional.

In trional we possess a drug which has a very distinctly beneficial effect in chorea, both in alleviating the symptoms and, what is also a very important point, in reducing the time required for the treatment of the disease. Trional has not in my experience ever caused any cardiac depression, and the only unfavorable condition I have observed in cases taking it has been that some of the children have had rather vivid dreams, but this is only

exceptionally met with. I have never seen any delirium following its use.

Trional is practically insoluble in water, so that it is best administered in the form of a cachet or else in "tabloid" form, or given in suspension. Given in these forms the drug does not cause gastric disturbance, vomiting is not observed, nor does the appetite suffer. The following mode of exhibiting trional has been suggested:

R	Trional	gr. xv.
	P. sacc. alb.	5ii.
	Gum. trag.	gr. iii.
	Misce. Fiat. emuls.	
	Gum. arab.	gr. iii.
	Aq. flor. aurant.	5ii.ss.
	Aq. laur. ceras.	5ss.

One-third part to be taken in milk or water as a single dose.

The dose of trional with which I generally commence is 5 grains three times a day for a child over 4, but this dose should be increased by more frequent administration, so that the child is taking 5 grains every six or every four hours. It is, I believe, more advantageous to administer the smaller doses at shorter intervals than to give larger doses at longer intervals.

There is, at the present time, no specific for the treatment of chorea; certainly there are cases in which even trional fails to arrest or even to diminish to an appreciable extent the movements in chorea. Such cases, I am sure, are best treated by hot-packs if the movements are severe or if the sleeplessness is marked. In the severest forms it may be necessary to resort to the inhalation of chloroform vapor, but this is very rarely called for.

When choreic movements are subsiding the dose of trional should be diminished by reducing the frequency of administration, and during convalescence preparations of iron, arsenic, and nuxvomica, or cod-liver oil and iron, will prove most useful. Headache, which is a not infrequent accompaniment of chorea, is best treated by aspirin or by a combination of phenacetin and citrate of caffeine. For maniacal conditions the hot-pack is of the greatest use, while in hyperpyrexia the use of the cold pack or cold bath is imperative.

When we meet with concurrent chorea and arthritis, tonsillitis, pyrexia, or peri-, myo or endocarditis, then it is best to administer both trional and an anti-rheumatic drug, and for this purpose in children I prefer aspirin or salol to the salicylate of soda. In cases of pericarditis, the application of an ointment containing 1 dram of oil of gaultheria to 1 ounce of lanolin over the præcordium will often give great relief.

All through the course of an attack of chorea attention must be paid to the diet, which must be liberal, easily digested and,

in the paralytic forms of the disease, administered at short intervals and in a readily assimilable form. Alcohol, which is very rarely called for in ordinary cases of chorea, is very useful in cases marked by much wasting, and in the paralytic forms of the disease; it is best given in the form of port wine.

In the paralytic forms of the disease food and sleep are the chief desiderata. Neither the anti-rheumatic or the sedative drugs have seemed to me to exercise any beneficial effects, but strychnine, arsenic, iron, and cod-liver oil, combined with careful feeding and with massage, have given the best results.

It is sometimes a difficult matter to determine at what period a choreic child should be allowed to get up. In the absence of complications, provided the heart is not dilated and that the knee-jerks are present, we may with benefit let a child get up as soon as it can feed itself quite well and can walk without assistance. It is at the stage of convalescence that a stay in the country is most productive of benefit.

The Value and Present Status of Vaginal Cesarean Section.¹

By M. STAMM, M. D., Fremont, Ohio.

[*Detroit Medical Journal*, April, 1908]

DUHRSEN, of Berlin, brought this operation before the medical profession about thirteen years ago (*Allgemeine Deutsche Aerztezeitung*, April 1st, 1895), and theoretically laid down its rules and indications which seem to have suffered very little change by time and experience. At first a number of theoretical objections were raised against this operation and the profession was slow in giving it a practical test. With increased experience, however, these objections have been gradually removed. An additional reason for its tardy acceptance may be found in the introduction, at that time, of new dilators by Bossi and others. A sufficient number of operations have now been made in Europe, especially in Germany, and within the last four years in this country, to enable us to speak of its merits and its various indications. The proof that it has some abiding qualities and that it is accepted as a safe and practical procedure in obstetric surgery, is demonstrated by the fact that a certain Berlin school which, up to a few years ago, had no words of recommendation for this operation, now shows a disposition to vindicate its priority to one of its own adherents.

In studying the literature upon this subject very little doubt will be in the mind of the reader that Dührssen is not only the

1. Read before the meeting of the Tri-state Medical Society at Toledo, Ohio January, 8, 1908.

intellectual, but also the practical originator of this operation. It is true that Acconci, of Italy, has been credited with having performed the first vaginal cesarean section on July 4, 1895; a closer study, however, ought to convince the unbiased reader that to Duhrssen belongs the undisputed priority in this question. Acconci's case was operated for carcinoma of a pregnant uterus. After the interior and posterior incisions were made into the cervix he still had to resort to dilators to get sufficient access to the fetus, a step which Duhrssen's method, if properly carried out, will never require. Moreover, his case died and such incidents are generally not of a nature to entice others to repeat such an operation very soon. His case was not published before October, 1896, and it is evident from his report that, at that time, he had no idea of the importance and wide applicability of vaginal cesarean section, as not a word was said about its possible value and its different indications, besides, his first claim of priority was not brought forth before 1898. Duhrssen demonstrated that the incised uterus, after having been emptied of its contents, can be sutured and united again and perform its former function, also that we can empty a gravid uterus at any time and save the child, provided it is viable. Acconci naturally extirpated the cancerous uterus. It would seem that in questions of priority the maxim laid down by Fritsch, when he spoke of Trendelenburg's position, could be accepted as a fair and just one. On that occasion he said: "The priority must be vindicated to the one who has succeeded in making an invention or discovery common property, who establishes its reason and its indications and recommends it to such an extent that it will be universally accepted." Animated by such a spirit, I think, no one will successfully contest Duhrssen's priority.

The purpose of vaginal cesarean section is to empty a pregnant uterus at once through the vaginal route by an anterior or posterior incision, or both combined, into the cervix and lower segment of the uterus, without opening the peritoneal cavity, in cases where the cervix is totally or partially closed or where there is absence of pain or any effort on the part of the uterus to expell the fetus in due time. Duhrssen in his earlier publications laid down the following indications:

(1) Abnormal conditions of the cervix or lower segment of the uterus (carcinoma, myoma, rigidity or stenosis of the cervix and partial pouch-like distention of the lower uterine portion.)

(2) Dangerous conditions of the mother which may be removed or relieved by prompt emptying of the uterus (affections of the heart, lungs and kidneys.)

(3) Conditions of the mother where death is imminent and can be foreseen.

The last two conditions have value only in cases where the cervix is closed and not dilatable or where the depressing influence of labor pain should be obviated, as in affections of the heart and lungs. In pregnancy complicated with cancer of the uterus he advocated immediate vaginal cesarean section with subsequent extirpation of the uterus, no matter at what time of pregnancy or at what stage of labor his condition is encountered. Since that he has extended these indications also to the child where its life is threatened. Objection has been raised from different sides in regard to the title of "vaginal cesarean section," to which Dührssen has not failed to answer (*Folkmann's Klin. Vorträge*, p. 232.) He then refers to Plinius where cesarean section received its name from the fact that the child was delivered "a caeso matris utero," or from the incised uterus of a pregnant woman. Dührssen says: "If then we make an incision *per vaginam* into the uterus of a pregnant or parturient woman so that the child can be delivered through a previously closed cervix, the name 'vaginal cesarean section' is, in my opinion, not a specially bad one, and it has been adopted by Fritsch, Schauta and others without comment." As Dührssen recommends in most cases an anterior and posterior incision, I think myself, the name "anterior and posterior vaginal hysterectomy" would not be any essential improvement over the above title.

Technic: Dührssen's first description (1896), seems not to differ much from the technic he follows at present, and has described in his monograph ("*Der Vaginale Kaiserschnitt*," Berlin, 1884.) I may be permitted to give you a translation in substance: after having emptied the bowels and bladder and disinfected the vulva, its vicinity and the vagina thoroughly, a right, lateral vagino-perineal incision will relieve the resistance of the lower third of the vagina in case of a primipara. If the levator ani muscle is divided by this incision a large closed fist can be readily introduced into the vagina and the vaginal vault and portio vaginalis can be brought to view by short, broad specula. The vaginal portion is then seized on either side with bullet forceps, which may be immediately supplanted by two silk tractors (Fadenzugel) and the posterior lip is split sagittally up to the vaginal junction. In extending this incision the posterior vaginal vault is severed about 4 cm. and the Douglas peritoneum is pushed away from the posterior wall of the cervix and uterine body by means of a speculum introduced into this opening. In a similar manner the anterior os and vaginal vault is raised and from this incision the vaginal wall is separated from the bladder by a few strokes of the scissors.

To facilitate this manipulation the vaginal wall may be severed from the cervix by a transverse incision of about 2 cm. and then

the bladder and peritoneal fold are loosened from the anterior wall of the cervix and body of the uterus. By this procedure the anterior and posterior uterine walls are exposed fully to the extent of 6 cm. and are rapidly split with scissors, first the posterior and then the anterior wall. The opening thus made, and into which the amniotic sac will fall at once if the membranes are still intact, must be large enough to readily admit the fist of a strong man. This hand will promptly reach for one foot and extract the child. If the uterus contracts well, which may be aided by hypodermic injections of ergotine before the operation, you may wait for spontaneous separation of the placenta and then deliver it by expression. In case of uterine atony, however, the placenta may be detached by the hand and tamponade of the uterus may eventually be resorted to after Duhrssen's method. This latter procedure may prove very simple since the large aperture in the lower uterine segment will admit good sized specula so that large quantities of gauze can be quickly introduced between them into the uterine cavity. For this purpose and for the subsequent suture of the several parts the silk tractors, which transfixed the cervix from the start, serve nicely, as by sufficient traction the vaginal and uterine incisions can be brought down to the vaginal introitus. In this way the posterior incision of the uterine wall can conveniently be closed without the aid of a speculum by through and through catgut sutures tied upon the side of the mucous membrane of the cervix. We proceed about in the same manner with the anterior incision, except that the sutures are tied upon the anterior instead of the inner surface of the uterus. The vaginal incisions are united by continuous catgut sutures, leaving only a small opening close to the uterus. It is important to introduce small gauze strips through them into the ante- and retrouterine cavity for drainage to prevent retention of blood and secretion. These strips and uterine tampon are removed after three to twenty-four hours. In case a vagino-perineal incision was made the operation will end with its closure. The vaginal wall is united by continued catgut suture and the perineal cut by deep silk worm sutures. The latter are removed in from eight to ten days. As a rule the child is delivered in about six minutes and the whole operation finished in from twenty-five to thirty minutes. The after treatment does not differ from the one followed in normal labor; the subjective condition after operation is as favorable as that found in any easy, spontaneous confinement.

Duhrssen speaks of a radical and conservative vaginal cesarean section. In the radical operation the womb is removed, i. e., for cancer or sepsis. This operation does not differ much from the method generally adopted for the extirpation of the cancerous uterus. The uterus is best split into halves before the

ligaments are tied, as there is less danger from hemorrhage. In the conservative operation the uterus, after having been sutured, is left in its place and in a condition to carry on its function as before. So far it has been performed upon the following indication:

Uncontrollable vomiting, combined with cicatricial rigidity of the cervix; stenosis after amputation for prolapse; heart affection and stenosis; rigidity of the cervix, tetanus uteri; painful edema of the posterior portion; dangerous hemorrhage due to premature detachment of placenta; mitral stenosis, patient was moribund; heart disease and nephritis, acute dilatation, circumscribed edema (Clark); chorea gravidarum; sepsis; pouch-like distention of the anterior uterine wall; incarcerated retroverted uterus; torpidity of the uterus after induced abortion, narrow pelvis (2 cases); overdistended and attenuated lower uterine segment; placenta previa; dead child, long, hard contracted cervix; lack of pain in very young or old primipara; that pelvis where the fetal heart became weak and os was not dilated, head high up, version could be more readily made after incision.

In the majority of cases of vaginal cesarian section, Duhrssen's advice to make an anterior and posterior incision should be heeded, as there is less danger of laceration of the uterus or bladder and the incisions do not have to be made so deep as would be necessary with a single incision. In my first paper on this subject I advised to make the longest incision in the portion that presents itself best, having done so in my first case. This has been sanctioned by Duhrssen. Schauta, in one case, made the posterior incision exclusively. In case of narrow vagina, Duhrssen strongly advised the vagino-perineal incision, known as Schuchardt's method. In my second case the passing of the head made a tear into the vagina up to the parametrium; this was brought together by continued catgut suture and healed by primary union. The placenta, of course, should always be removed before the sutures are tied. Ruhl advises to dilate the cervix with metal dilators before the operation as in that way retention of secretion or lochia might be obviated. I think a small iodoform gauze strip will do it as well, if not better, and in my hands I did not find it to interfere with the sutures. In atony of the uterus gauze tamponade is especially indicated. Hammerschlag, however, mentions a case which had eight convulsions before the birth of the child, six hours after delivery patient was seized again with about eleven convulsions, with tracheal rales, temperature 104 degrees, pulse 132, and deep coma. He finally came to the conclusion that the uterine tampon might produce irritation and keep up the convulsions. The latter ceased at once after removal of the tampon and

the temperature went down to 99 degrees and pulse to 96 per minute, recovery was undisturbed.

On theoretical grounds some fear of excessive hemorrhage has been entertained by men of limited or no experience, but so far no such accident has been recorded. To avoid this it is well to make the incision strictly in the median line, as the venous plexus on both sides of the cervix furnish the chief source of bleeding. There are two cases of sepsis reported out of about 140 cases; from this it appears that the danger from such a source is not any greater than that of any other obstetric operation. Moreover, in these cases manual or mechanical dilatation has preceded the cesarean section, so it would be difficult to decide whether such interference or the operation should be made responsible for it. If the uterus is already septic the danger is not as great in the vaginal as in the abdominal cesarean section, as in the former the abdominal cavity is not opened and there is a better chance for drainage by leaving the uterine and vaginal cuts unsutured. Having to deal with such a case of septic infection we may, under proper circumstances and after taking all the features of the case into account, remove the source of infection at once by extirpation of the uterus immediately after the delivery of the child and placenta. A successful case of Doederlein is reported by Baisch Hegar's *Beitrag* Bd 6 Heft 3.) Patient 39 years old, XI gravid., six months pregnant, with prolapse and elongation of the cervix, decubitus and incipient sepsis. Cervix would admit one finger, anterior and posterior Douglas was opened, incision in the lower half of both parametria, the anterior wall of the cervix was split, perforation and extraction of the fetus, total separation of the parametria, closure of the abdominal cavity.

Most of the cases which have been examined some time after operation revealed such slight cicatricial changes that they would have escaped the attention of the examiner had he been aware of the fact that such an operation had been performed. There are, however, some cases reported where parts were not fully united. As to the effect of vaginal cesarean section upon subsequent labor Dührssen, Wennerstrom, Ruehl, Liepman, Jerie and myself have reported about 11 cases. A case of Dührssen was delivered three years later, with balloon dilatation of six hours duration, of a living child. Wennerstrom's case had spontaneous labor two years after operation. My second case was operated on September 6, 1903. She gave birth to a child 7½ months old on July 15, 1904, before any physician could reach her and without any untoward effect. Both mother and child are in good health today. The question has repeatedly been asked, what advantage has the vaginal cesarean over the ventral section? Experience so far shows that the former is less dangerous which, no doubt is due in great

part to the fact that the peritoneal cavity is not opened. Moreover, I think patients, or at least their friends, will sooner consent to a vaginal operation than to abdominal cesarean section, the mention of which is still apt to create in the mind of the public a certain amount of consternation.

It is advisable to make this operation in a well equipped hospital, if possible. A man skilled in such work, however, should not hesitate to operate in private houses in case of emergency. My first case was operated on at the residence of the patient, about 16 miles from home. Ruchl, of Germany, and Miller, of New Orleans, also report one case each operated on at patient's home.

A Clinical Lecture¹

CASE I.—SEVERE MENORRHAGIA AND METORRHAGIA. CASE II.—STERILITY PROBABLY DUE TO LONG CONICAL CERVIX AND ANTEFLEXION.

By RALPH WALDO, M. D.

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CASE I.—History.—The patient is a young woman, 24 years of age, married, Russian. She began to menstruate at the age of fifteen, the periods coming ordinarily every four weeks. The flow continues for five days, a large amount of blood being lost each time. There is some pain at the beginning of the menstrual flow. Five years ago, at the age of nineteen, she married. One year later she gave birth to her only child; delivery normal. No abortions. The patient has not been well since the birth of this child. She remained in the hospital three weeks after the birth of child. Six months later she was operated upon in another hospital, where she thinks her right ovary was removed. One year after the first operation she was operated upon again in the same hospital, but does not know the nature of the operation. For the past three months she has been flowing almost continuously, during the first part of which period the flow was very profuse, for the past two or three weeks somewhat less. She experiences no pain in any part of the body. She is pale and anemic, feels weak, has fair appetite; bowels are regular.

Examination.—A very simple method of determining whether the abdominal muscles are separated or not is to have the patient, while on the table, to lift her head up. This is much more satisfactory than telling her to bear down; it is also a good way to exercise and develop the abdominal muscles. By this means we find that there is no separation of the muscles in this case.

The right kidney is decidedly movable. The kidney is normally slightly movable, and ordinarily the right kidney lies lower in the abdomen than the left. In a patient thin and anemic as is this woman, you will nearly always find the kidneys movable, especially the right. Unless there is some special indication,

1. Delivered February 3, 1908.

leave the kidney alone. I have never seen a patient benefited by attaching a kidney that is movable within a short range—I am not speaking of floating kidney. If such a patient is built up and her normal adipose restored, the kidney will regain its position.

I cannot lay sufficient stress upon the importance of examining the heart and lungs in women where we are called upon to investigate the uterus. Many times the whole prognosis will be influenced by what is found in these organs. Not infrequently, the pelvic organs cannot all be felt by vaginal examination. There may be an apparently trivial disease of the uterus, perhaps a slight laceration, perhaps a little growth, and the patient may have a serious valvular lesion of the heart, perhaps associated with marked dilatation.

The uterus is soft, has been attached high up, and there is laceration of the cervix. There is no tumor. The patient is suffering from severe menorrhagia and metrorrhagia lasting about three months. There is no condition outside the uterus which would cause it, so we must look for something inside the uterus. It may be due to fungus endometritis; it may be due to the laceration of the cervix, or it may be due to a type of endometritis associated with a small fibroid; on the other hand, it may be the early stage of some very serious lesion, such as carcinoma.

Treatment.—The patient should be put under an anesthetic and the inside of the uterus thoroughly explored and curetted, and the scrapings examined microscopically by a competent pathologist. If carcinoma is present in a woman who has bled as long as this patient has, you will find in the uterus a place that is hard, where more or less of a cavity will be left after curettage. In such a case I would advise a sharp curet. If you scrape off the entire endometrium, going down to the muscularis, there is no use putting into the uterus a little strip of gauze to keep open the uterine cavity—it will not do it. There is only one indication for packing the uterus—hemorrhage. If you pack the uterus after an ordinary curettage for endometritis, the patient will have more temperature and more pain than she will if you do not. I cannot see any reason for plugging up the lower end of the cervix after curettage. Nature always leaves the cervix upon where there is anything to be expelled. When I used to pack the uterus following curettage, I noticed that my patients always had a little elevation of temperature, so I decided to try fifty cases with and fifty without packing. I found that those without ran a smoother course than those with it. I am not speaking, of course, of cases with severe hemorrhage. Where there are fungosities, curet and leave alone. There will be more or less drainage, but the uterus is trying all the time to get that

out. Wipe out the uterus with gauze. If you have to use an antiseptic douche, always follow it with normal saline or sterile water.

When the patient is in the Sims' position, it does not necessarily mean that the Sims' speculum must be used—you can use any speculum you wish. In a general way the patient is much more easily tamponed in either the Sims' or the knee-chest position. The clothing must always be removed from the abdomen, everything must be loose, and then, with the patient in either of these positions, the pelvic organs gravitate out of the pelvis and the vagina is "ballooned open." The tampon can be well introduced. The urethra and other sensitive parts should be protected by a little pad of cotton. The whole upper portion of the vagina and the vaginal portion of the cervix should be painted with Churchill's iodine, after which a tampon with glycerin containing a mild antiseptic should be introduced.

What antiseptic should be employed? Something to prevent decomposition of the glycerin. An old method, and one as good as anything devised, is to use chemically pure glycerin (Price's glycerin). It is difficult to obtain and expensive. The ordinary glycerin of the market contains a good many foreign substances, particularly fatty acids, and if you do not use some mild antiseptic substance, decomposition will take place and the patient will have vaginitis. Various antiseptics have been used—carbolic acid, boroglycerid, boric acid, borolyptol, and lastly ichthyol which is no better than borolyptol or any of the others. Boric acid, one ounce to the pint of water, is as good as anything and does not soil the patient's limbs.

The tampon must be placed well above the muscular body of the perineum. Allow it to remain in place twenty-four hours, then have the patient remove it and take a hot saline douche. What is a hot douche? It must be 110° to 120° F. If it is not that much, it is not a hot douche. There are patients who will tolerate 120° ; most of them will tolerate 115° to 116° to 118° after they have used the douche for a little while. By the exercise of a little care you can give the douche much hotter than at first. The external parts should be lubricated with vaselin or cold cream, and the douche-nozzle should be of hard rubber rather than of metal, which conducts the heat so rapidly that it will burn when the water is at a lower temperature.

A practical way of making normal salt solution is to add a heaping teaspoonful of table salt to every two quarts of water. This gives practically a normal salt solution, not accurate enough to inject into the cellular tissue, but sufficiently so for the vaginal douche.

The patient should take the douche properly or not at all. It should be taken at night, on the back, with all the clothes loose. If it is taken twice a day the patient must be instructed to lie down for half an hour or an hour afterward.

In this case the laceration must be repaired if we wish to effect a cure; at the same time the uterus should be curetted.

CASE II.—History. The patient is 22 years of age, married, born in Russia. She began to menstruate at the age of thirteen; menstruates every four weeks; moderate amount of flow, four days duration. Married two years ago, no children, no miscarriages. She has been sick about a year. She complains of pain in the abdomen, chiefly on the left side, pain in the back, and lately she menstruates every three weeks, the flow being scanty and attended with pain; pain precedes the flow. The bowels are constipated; patient anemic; general condition fair. (When I say "somewhat anemic" I mean what my assistant observes. I always examine my patients in private as to the hemoglobin).

Examination.—For the benefit of our friends who are very much opposed to the wearing of corsets, I want to call your attention to the bad effect of a lot of tight bands around the waist, as seen in this patient, who does not wear corsets. It is not so marked in her case as in some. I have seen the pelvic organs pushed far down by a lot of tight bands around the waist. I do not say that I advocate corsets, but properly-fitting corsets are of benefit to a woman; improperly-fitting corsets do a great deal of harm. I say this because we hear so much nonsense on the subject. Corsets that fit loosely and properly take the strain off the organs are beneficial; those that constrict the waist and the lower part of the ribs, pushing the pelvic organs down, are harmful.

This patient has never been pregnant, and is very desirous of becoming so. She has anteflexion and a long, conical cervix. Before saying very much about this case, I want to call attention to the fact that in all such cases the semen should be examined for spermatozoa. It is not necessary to go into fine details about the size, etc., of those that will impregnate an ovum—if you find numerous active spermatozoa that is sufficient. That hardly holds, however, in this case, as to whether we should or should not operate. A small uterus, anteflexed, with long, conical cervix, and dysmenorrhea, calls for operative treatment. Ordinary dilatation will not cure the patient. The uterus should be dilated and then Dudley's operation performed. Dudley's operation consists in thoroughly dilating the cervical canal and making an extensive incision through the entire thickness of the posterior lip of the cervix, in the median line, and so turning and suturing the angles left by the incision, that they will not unite to each other. In performing this operation, it is important to extend

the incision well up the posterior median line. In this way a direct canal is left.

This method of treatment will cure sterility in a great many cases. I have had marked success with it.

Another kind of sterility, which is sometimes very difficult to cure, is found in women who have given birth to one child. The child is dead, there is another marriage, or for some reason another child is desired. Of course this sterility may be due to the male, but I have never seen statistics giving over 10 per cent. of sterility due to the male, and of this I think it is not over half. If you find a history of double orchitis due to any cause, you will usually find an absence of spermatozoa in the semen of that individual. The spermatozoa may return later, however. The larger percentage of sterility in these cases is due to the woman, and in most cases the seat of the disease is the body, the cervix, the uterus or the tubes. If the patient has ante-flexion or stenosis, there will be sterility. Impregnation, however, can take place through a very small opening. The sterility is apt to be due to disease of the cervical endometrium which does not allow the spermatozoon to enter the canal and remain virile. Where there is endometritis there may be a secretion which will destroy the spermatozoon, or the ovum will be very early thrown off after impregnation. Another cause of sterility may be found in the tubes—pyosalpinx or a catarrhal condition. In any case, there is a secretion which destroys the ovum. There may be other causes, such as loss of or disease of the ovaries.

The Indications and Contra-Indications for Curetting the Uterus.

By J. INGLIS PARSONS, M. D., M.R.C.P.,
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[*The Hospital*, May 2, 1908.]

THE most common symptoms for which curetting is done are Menorrhagia and Metrorrhagia. In order to succeed it is necessary to form a correct diagnosis of the cause. This cannot always be done until the patient is under an anesthetic and the uterus is dilated and explored. Therefore, in all cases one should be chary of promising a successful result.

The most obvious indication for the operation is afforded by a history of recent parturition or miscarriage followed by a persistent or irregular red discharge. Here we may, with few exceptions, advise the operation with confidence and give a good prognosis. The exceptions are these. The patient may be suffering from chorion epithelioma, or the miscarriage may have

been due to the presence of a small fibroid in the wall of the uterus. In the former case, curetting will, if anything, rather increase the menorrhagia. If a fibroid is present the operation may stop the menorrhagia for a short time, but the loss soon recurs.

Another point is this, that patients after miscarriage frequently have menorrhagia for two or three months even when the uterus is quite empty. If the loss is caused by retention of any of the products of conception a vaginal examination invariably reveals a larger opening of the external os than is normal, and during the operation the uterus is found to dilate quite easily. Even if nothing is found after dilatation, curetting appears to stimulate the uterus to contract and undergo involution.

In these cases great care is required in the use of the curet. The walls of the uterus are often very flabby and softened; any roughness may result in the curet penetrating the wall into the peritoneal cavity. On this account it is better to use the finger, if possible. In many cases the finger will not reach the upper end of the uterus. Ovum forceps may be tried, but the curet has to be relied on in the end.

In dealing with septic cases it is most important to remember that the microorganisms are generally confined to the uterine cavity at first, and that the walls of the uterus with dilated vessels and innumerable phagocytes form a protecting barrier to the invasion of the system. Any cases, therefore, with retained products, and pyrexia, must be dealt with somewhat differently and the use of the curet avoided if possible. The dilatation should be done very gradually, so as to avoid any risk of splitting the endometrium. Before doing anything else, the cavity of the uterus should be thoroughly irrigated with an antiseptic solution. The temperature of this should not be more than 98° F. or it will cause the uterus to contract. I generally use chinolol, because it is non-toxic and a powerful antiseptic.

The next step is to remove the offending fragment, with the finger if possible. Should it be found necessary to use the curet, a blunt one should be chosen. The operator must not attempt to scrape the whole uterine cavity, because he would by that means open up a large surface by which the septic organisms could gain entrance to the body. By going over the cavity very gently with the blunt curet he will be able to feel it pass over a projection and locate its position without injuring the protective layer in the rest of the endometrium. When the fragments have been removed, a second douching should follow and finally the cavity should be gently swabbed with tincture of iodine.

For the menorrhagia produced by fibromyoma, curetting is not often required now that the mortality from hysterectomy is

so low. The exceptions are the patients who refuse the major operation and those who have only one or two small tumors without any severe symptoms beyond the increased loss. If the menorrhagia can be stopped in the latter class, they are in a great measure restored to health and still capable of becoming mothers. Hysterectomy for these cases is unjustifiable until other treatment has had a fair trial. The benefit derived from curetting for fibromyoma rarely lasts more than a few months. In some instances the distortion of the uterine canal makes it impossible to carry out the operation efficiently. In any case, the results of curetting as a hemostatic in these patients is not to be compared with Apostoli's treatment. The latter will, in eight cases out of ten, arrest the hemorrhage for three to four years and also considerably check the growth of the tumor.

The diagnosis of the cause of the menorrhagia in the two groups already discussed is fairly easy, but when there are no physical signs of carcinoma, myoma, or polypus, and no history whatever of parturition or miscarriage for some years, the problem is more difficult.

In this class there are more causes to account for the hemorrhage and more difficulty in defining it. If, on examination we find the uterus is not enlarged or not more than we might expect in a woman who has had one or two children, we should give a guarded opinion and state openly that a dilatation is necessary before a definite opinion can be formed. The causes in this group may be adenoma of the endometrium, fibrosis of the uterine walls, carcinoma, or retroflexion. To these we might add polypus uteri, but the latter usually causes some metrorrhagia, as does carcinoma also.

Adenoma of the uterus causes thickening and increased vascularity of the endometrium. The condition varies through wide limits. There may be only a slight proliferation of the uterine glands, or we may find small masses of growth distinguishable only by the microscope from carcinoma.

When the endometrium is uniformly thickened, and only to a moderate extent, the prognosis is good and curetting will probably cure the patient. If, however, there are small masses of growth somewhat resembling carcinoma, the adenoma is likely to recur, although the patient benefits for a time from the removal of the vascular masses. In a case of this kind I have had finally to do a hysterectomy, although the growth was absolutely a benign adenoma with no sign of carcinoma.

In striking contrast to adenoma of the uterus is the thin endometrium found in fibrosis. Many of the muscular fibres are replaced by fibrous tissue, so that a rasping sensation and sound are conveyed to the operator as the curet passes over the walls

of the uterus. A guarded prognosis should always be given. In a few of these patients improvement may follow for a short time, in many there is none at all, and in some the menorrhagia is actually increased by the operation. As a rule, hysterectomy has to be done for hospital patients, to arrest the loss and progressive anemia. Apostoli's treatment is often successful and is suitable to private patients, who can afford the time necessary for this method of treatment, and who often have objections to removal of the uterus.

Retroversion or retroflexion is a not unfrequent cause. Why some of these patients should have menorrhagia and not others probably depends on the size of the pelvis and other factors not within the scope of this paper. The mistake is often made of curetting the uterus without correcting the displacement. With a history of symptoms dating back not more than a few months, it is only necessary to replace the uterus and keep it up. The menorrhagia and leucorrhœa will then cease without further treatment. If, as is often done, the uterus is curetted and the displacement left, the symptoms go on just the same, to the disgust of the patient and the humiliation of the operator.

It is only in old-standing cases, where congestion produced by the retroflexion has been active for some time, that it is necessary to curet. Even then the displacement should be corrected first and the curetting done afterwards, if necessary.

Diseased appendages very often cause severe menorrhagia, more particularly when the ovary on either side is diseased. Considerable experience is necessary sometimes to detect the disease by a bimanual examination, when there is not much enlargement of the ovary. The best plan is to examine under an anesthetic, prepared to curet if nothing is found, or to open the abdomen and remove the appendage if it is felt to be enlarged and diseased.

Leucorrhœa is more often than not a symptom. Prolapse, retroflexion, polypus, etc., will always cause it. Any of the various conditions that lower the general health will cause leucorrhœa. But over and beyond these cases there are some women, otherwise quite healthy, who suffer from continued leucorrhœa. Just as others may be quite well except for a nasal catarrh, a delicate throat, an impaired digestion, or chronic constipation, so do these patients appear to have a weak spot in their system in the endometrium. Curetting will generally do good by removing an unhealthy membrane, while the dilatation and scraping stimulate the uterus to form a new and healthy endometrium.

If, on the other hand, the discharge is yellow, it means infection of the endometrium by some microorganism, probably the gonococcus. Under these circumstances curetting does very lit-

tle good, if any. It is better to dilate and irrigate the uterine cavity thoroughly with a non-irritating antiseptic, such as chinosol, and then swab the uterus with tincture of iodine. The latter application is then repeated every other day. In very obstinate cases I have found the constant current more efficacious than anything else; probably because it stimulates the uterus and increases its resisting power to the invasion of microorganisms.

Anteflexion of the uterus associated with dysmenorrhea and sterility causes thickening of the endometrium with proliferation of the glands resembling adenoma. Curetting is of great value to these patients, and may cure the sterility. The dilatation must be done slowly and carefully, for if the walls of the uterus are injured, the dysmenorrhea may be worse than before.

For inoperable carcinoma of the cervix the operation is most useful. The ulceration should be thoroughly and carefully scraped, and then mopped over with formalin or liquid carbolic. The foul discharge and hemorrhage are usually stopped for some months, while the improvement in the patient's health and comfort are much greater than would be expected from so simple a procedure.

SOCIETY PROCEEDINGS.

Medical Society of the County of Erie

Reported by FRANKLIN C. GRAM, M.D., Secretary.

THE regular quarterly meeting of the Medical Society of the County of Erie was called to order at 4 o'clock p. m., Monday, April 20, 1908, in the rooms of the Buffalo Society of Natural Sciences, Buffalo Library Building. In the absence of the president, Dr. Edward Clark, the first vice-president, Dr. Charles A. Wall, took the chair.

The secretary read the minutes of meeting held January 13, 1908, which were approved as read. On motion of Dr. Bennett, the society then went into executive session, and all persons who were not members were requested to withdraw. The secretary then read the minutes of the meeting of the Council held January 23, 1908, those of meeting held April 9, 1908, and the minutes of meeting of the council held April 13, 1908.

On motion of DR. GROSVENOR, the various items in the council proceedings were considered seriatim. Dr. Grosvenor moved that, in place of the council's recommendation regarding the question of salary for the secretary and treasurer, an amount of fifty dollars (\$50.00) be appropriated to each for the current year.

DR. BRIGGS moved to amend by approving the action of the

council appropriating certain compensation to the secretary and treasurer, also striking out the word "annual," and that, in future, the amount of salary be referred to a committee of five (not members of the council) to make its recommendation at the next annual meeting. Both amendments were lost. Dr. Grosvenor then moved to disapprove the action of the council relative to the question of salaries. Carried. Dr. ROCHESTER moved that the council give serious attention to the question of salaries of secretary and treasurer and that their necessary expenses be paid. Carried.

On motion of Dr. GROSVENOR, the action of the council relative to sending out all notices with two-cent postage was approved, and it was decided that all future notices be sent in a similar manner. On motion of Dr. Briggs, the appropriation made by the council to the membership committee was approved. The balance of council proceedings were then approved.

A communication was received from Dr. DEWITT G. WILCOX of Buffalo, relative to a proposed visit of Dr. G. W. Arnold of Minneapolis, Minn., who intends coming to Buffalo and several other places on a lecture tour, in which he deals with medical institutes, various advertising specialties such as "lost manhood," and the like. On motion of Dr. MCKEE, the communication was referred to the Board of Censors.

A report made by Dr. A. L. Benedict, chairman of the special committee, and which was intended for presentation at the previous meeting of the society, was referred to the committee on membership. An invitation was received from the Universal Club to attend a debate for the same evening. On motion, it was received and filed.

The Censors, through Dr. ROCHESTER, reported progress. Dr. E. E. SNOW, of Batavia, president of the Eighth District Branch, was introduced to the society and made a few remarks.

Dr. A. T. LYTLE, chairman of the auditing committee, reported that his committee had examined the books and accounts of Treasurer Greene for the year 1907, and found them correct. The report was approved.

Dr. MCKEE, chairman of the committee on membership, presented a report of that committee. Dr. GROSVENOR moved that the names of applicants be considered individually. Carried. The following applicants for membership were then considered and each elected separately by ballot.

Charles A. Bentz, 84 Orange St., Buffalo; Herman D. Andrews, 399 Delaware Ave., Buffalo; William A. McFarlane, Springville; John G. W. Knoll, 1067 Ellicott St., Buffalo; Eugene R. Linklater, 1540 Main St., Buffalo; Harry M. Weed, 405

Franklin St., Buffalo; Harley L. Atwood, Collins Center; Clarence C. Duchscherer, 247 Forest Ave., Buffalo; John E. Whitmore, 355 E. Utica St., Buffalo; George A. Sloan, 194 Fourteenth St., Buffalo; Loretta L. Knappenberg, 112 Triangle St., Buffalo; Dewitt G. Wilcox, 597 Elmwood Ave., Buffalo; William H. Billings, 1272 Main St., Buffalo; Cora B. Lattin, 146 Humboldt Parkway, Buffalo; George McK. Hall, 228 E. Eagle St., Buffalo; E. Lowell Marcy, 1335 Jefferson St., Buffalo; Wilford L. Odell, North Collins; Robert C. Mehnert, 1784 Genesee St., Buffalo; Edwin L. Bebee, 437 Franklin St., Buffalo; Thew Wright, 152 Allen St., Buffalo; Francis A. Drake, 409 Connecticut St., Buffalo; Clifford R. Orr, 1093 Ellicott St., Buffalo; Edgar R. McGuire, 470 Franklin St., Buffalo; Thomas J. Walsh, 306 Niagara St., Buffalo; H. W. Lattin, 156 Humboldt Parkway, Buffalo; John Scott McFarland, 1094 Delaware Ave., Buffalo; Jacob W. Bayliss, 592 Spring St., Buffalo; John R. Fairbairn, 155 Allen St., Buffalo; James Hoyt Lewis, 520 Franklin St., Buffalo; James H. Carr, 345 Eagle St., Buffalo; Francis J. Carr, 345 Eagle St., Buffalo; Lynn S. Beals, 119 No. Norwood Ave., Buffalo; Giuseppe Tartaro, 129 Court St., Buffalo; Macy B. Searls, East Aurora; Julius H. Potter, 177 Dearborn St., Buffalo; Fridolin Thoma, 1072 Lovejoy St., Buffalo; Frederick H. Stanbro, Springville; Albert F. Erb, Clarence.

DR. LYTLE moved that orders on the treasurer for three dollars (\$3.00) each, which sums shall be deducted from the amount due the State Society as "back assessments," shall be drawn in favor of those who have become or who may become eligible for reinstatement in this society in 1908, and such individuals are hereby declared reinstated in this society; but it is specifically provided that in each such case of reinstatement it must be shown by the books of the treasurer that the individual has paid three dollars (\$3.00) into the society as state assessments for 1907, and that in each such case it must be shown by the lists received from the state treasurer that the individual so paying had been dropped from the rolls by the state officers in 1907 for non-payment of dues, and in each such case it must be shown that the individual has become eligible for reinstatement in 1908. Carried

Dr. Lytle moved that orders on the treasurer for six dollars (\$6.00) each, which sums shall be deducted from the amount due the state society as "back assessments," shall be drawn in favor of those who have become or who may become eligible for reinstatement in this society in 1908, and such individuals are hereby declared reinstated in this society; but it is specifically provided that in each such case of reinstatement it must be shown by the books of the treasurer that the individual has paid "six dollars"

(\$6.00) into the society as State assessments for 1906 and 1907, and that in each case it must be shown by the lists received from the state treasurer that the individual so paying had been dropped from the rolls by the state officers in 1906, for non-payment of dues, and in each such case it must be shown that the individual has become eligible for reinstatement in 1908. Carried.

It was after 6 o'clock when the business session adjourned until 8.30 o'clock the same evening.

EVENING SESSION.—The vice-president Charles A. Wall, called the meeting to order at 8.30 p. m. During the temporary absence of the secretary, Dr. L. M. Francis was appointed secretary pro tem.

The following amendments to the by-laws were then presented by Dr. A. T. Lytle, and, under the rules, were ordered to lie on the table until the next regular meeting: "Moved, that unanimous consent be granted under Section 2, Chapter 15, to the suspension of Section I, Chapter 15 of the by-laws."

Be it *Resolved*, That Section I, Chapter 12 of the by-laws be so amended as to read: "Each member shall pay annually the sum of two dollars (\$2.00) which shall be due on the first day of January of the current year. At the same time he shall pay the amount of the per capita State assessment fixed by the House of Delegates for the current year."

Resolved, That Chapter II be amended by adding a new section as follows: "Sec. 12. Honorary members may be elected at any regular meeting provided their names have been represented at a previous regular meeting and recommended by the council, and such action is the unanimous vote of twenty (20) members present. Their dues shall be paid by the Society."

Resolved, That Sec., 7, Chapter VI be amended to read as follows: "Clerical and legal services, when necessary, shall be furnished by the council."

Be it *Resolved*, That Par. 1, Sec. 4, Chap. IV of the by-laws shall be so amended as to read: "The treasurer shall be the custodian of all the funds of the society and he shall collect all county dues, State assessments and any other moneys due the society. He shall at once place all such funds received by him in a depository to be designated by the council. He shall pay out no moneys except on order of the council, counter signed by the president and the secretary, unless otherwise provided for in these by-laws."

Be it *Resolved* That Section 2, Chapter 12 of the by-laws shall be so amended as to read:

"All members who have not paid their annual County dues and State assessments on or before the first day of April of each

year, shall be placed in the list of members in arrears for dues and assessments, and so reported in the society at its next meeting. Members shall not be entitled to receive the publications, or defense for alleged malpractice until all their dues and assessments are paid."

Be it *Resolved* That Par. 2, Section 4 of Chapter 4 of the by-laws shall be so amended as to read:

"He shall, on or before January 1st of each year, mail to each member a bill for his dues and assessments for the ensuing year. He shall, before the first of each of the months of April, May, June and December, notify all members of their arrears. He shall keep proper books of account, which shall be, at all times, open for examination by the Council. He shall make reports to the council when requested, and one to the society at its annual meeting."

DR. ROCHESTER asked if any special action had been taken against the anti-vivisection bill. He was informed that such had been done by the council.

DR. ROCHESTER then moved that the secretary be instructed to send to our representatives in the assembly a protest against the passage of the anti-vivisection bill. Carried.

DR. E. E. SNOW, of Batavia, president of the Eighth District Branch, then paid his final visit to the county society and addressed the meeting.

Among other things, he spoke of the coming annual meeting in Batavia, and expressed a wish to see as many as possible from this society in attendance.

This ended the business session and the literary part of the program was then carried out.

Five minute talks were given as follows: Thomas B. Carpenter, Albumen; Eugene Smith, Intussusception in children; George F. Cott, Probability of intracranial complications following middle ear infection; H. C. Rooth, Radical treatment of incipient hip-joint disease. Report of case; A. E. Woehneri, Casts; J. E. King, Influence of relaxed utero-sacrals on causation of symptoms in retroversion.

Each paper was very neat and gave, in a condensed form, the very best on the subject, as was shown by the marked interest in the presentations, and further by the active discussion which followed each talk.

DR. WM. C. KRAUSS then read a very interesting paper on "Diagnosis of Spinal Cord Tumors. Report of three cases seen within a period of ten days."

This paper was also listened to with marked interest, and discussed at its completion.

At the conclusion, a vote of thanks was tendered to all who presented papers and also to those who gave clinics in the morning.

The appreciation of the manner in which the program for this session had been gotten up by the special committee on program consisting of Drs. McKee, Grover Wende and Edward Clark, was shown by the marked attendance.

The committee divided the program into three parts:

Two clinics at the Buffalo General Hospital (one by Dr. Charles Cary at 10 a. m., and the other by Dr. Roswell Park at 11 a. m.)

The afternoon session, which was devoted entirely to business, and the evening session, devoted to scientific discussion.

The attendance was the best of any for a long time.

A hearty vote of thanks was accorded the program committee, whereupon adjournment followed.

ABSTRACT.

Non-Surgical Treatment of Biliary Affections

LUDWIG WOELFERT, Brooklyn, N. Y., (*International Journal of Surgery*, March, 1908), says there is a class of cases which shows typical symptoms of cholelithiasis, without colic and in which differential diagnosis from simple cholangitis cannot be made with absolute certainty. There is perhaps a small but steady absorption of biliary secretion into the circulation, and occasional exacerbations manifest themselves by jaundice. A corresponding insufficiency or deficiency in the quantity or quality of bile causes a continuous disturbance of the digestive tract. Constipation exists, and there may be diarrhea from excessive putrefaction, consequent destruction of erythrocytes, with anemia and its train of symptoms—neuralgias, headaches, visual disturbances, dizziness, emaciation. The bile absorbed into the circulation facilitates diapedesis of the erythrocytes through the capillaries and may even cause their complete emigration. There may be capillary hemorrhage from any mucous surface, and it may even be subcutaneous.

The one common diagnostic feature is that the urine exhibits abnormal contents of chromogens and of indoxyl and skatoxyl derivatives. The following test which he has devised and which is sharp, reliable and quickly made, will be found useful:

Four to five c.c. of urine are mixed with an equal volume of hydrochloric acid; a dark red or purplish color reaction indicates an excess of skatoxyl. About one c.c. of chloroform and one-

half to two drops of liq. sod. chlorin., U.S.P., are then added, and the mixture is shaken for a few seconds; the appearance of the blue reaction of the chloroform, which may vary from the least tinge to the deepest indigo, shows indican. Upon heating the indigo is gradually converted into its isomeric red modification, the chloroform thereby changing from blue to purple and red. This change of color is also seen with other indican tests, the rapidity with which it occurs depending much on temperature and strength of reagent. Excess of liq. sod. chlorin. discolors the chloroform. In the supernatant liquid the nature of the chromogen chromophore may be observed by its color, which may be anything from yellow to black. The study of the significance of these various colors offers a field for further investigation. Of course, medicines taken by the patient may modify the color reactions.

Excess of indoxyl and skatoxyl does not, per se, indicate disturbances of the liver or its appendages; there may be gastric dilatation, cancer or ulcer, affections of the pancreas, duodenum or ileum, mixed tubercular infection, or suppurative processes anywhere. Skatoxyl and its congeners predominate in affections of the large intestine. But when associated with the subjective difficulties enumerated above, biliary disease can be diagnosed with certainty.

Catarrh in the biliary system on the basis of bacterial invasion and stasis of the portal circulation, furnishes medical indications. Presence of stones does not necessarily demand operative procedure; stones are often found at autopsies of subjects who never had the least symptom of biliary trouble. Appropriate medicinal means can often place stones into a state of harmless latency, or possibly put the viscus into a condition to eliminate them, by stimulating the formation of so much thin bile that the stream becomes powerful enough to expel the calculi, their mobilisation being favored by reestablishing normal conditions in the ducts.

He resorts to the usual dietetic and hygienic measures and to the use of biliary antiseptics and stimulants and analeptics. That a combination of salicylic acid, sodium oleate, phenolphthalein and menthol is effective, he knows from his experience with the probilin pills of Bauermeister. He uses them whenever the urinary test gives positive result, including hepatic and gastrointestinal cancer—for symptomatic benefit—and anemia due to bile absorption. He has just discharged, after three months' use of the pills, a very obstinate and marked case with symptoms of choleic disorders dating back as far as twenty years. She had for a number of years drifted from one specialist to another, her normal ovaries having been finally removed without relief. She took 2 pills twice daily with hot water, and later 4 pills twice daily. At the time of writing she is greatly improved, free from distress, and the anemia is yielding, now that normal bile flow is restored.

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EDITOR:

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Appetite, Digestion and Health

THE greatest assets a human being can possess, when health and longevity are considered, are appetite and good digestion. Speaking generally, the two go hand in hand though exceptionally they may fall apart. Not always, however, does the possessor of good appetite employ it discreetly. To minister appropriately to the demands of a healthy appetite is a rare gift and one that should be conserved with great judgment. Shakspeare states the matter most concisely in those familiar words—"Now, good digestion wait on appetite and health on both."

It is not easy to lay down rules that shall apply to every individual nor, indeed, to even large groups of persons, because methods and habits of life are so variant; and because, further, occupation and individual peculiarity differ so widely. In other words, likes and dislikes, idiosyncrasies, and digestive capabilities enter largely into a solution of the questions involved in this topic. A few years ago, when reading a story written by Dr. William A. Hammond, entitled "Lal," we came across a dissertation relating to breakfast eating as applied to women, that possesses much common sense and which we here quote in detail:

Perhaps there is no better test of a woman's health and beauty, than her appearance when she presents herself at an early breakfast table. She is then more as Nature made her than at any other period of the day, when art has been brought in with a view of heightening her charms. If she has slept well, it argues, to some extent, a sound nervous system, and the effect is seen in the brightness of her eyes and the tone possessed by the muscles of the face and neck. Her movements are full of grace, for her limbs have been refreshed and strengthened by repose, and her mind is clear and bright, for it also has rested, and there have been no bad dreams to exhaust her nervous system and make her limp and hag-

gard. Her intelligence is then at its maximum, and she feels the mental recklessness that is so generally the result of sound, healthy sleep, and that is only a natural elation of the emotions; pleasant, doubtless, for her to exhibit, but far more pleasant to those to whom it is manifested. If, on the contrary, she has slept badly, or has suffered from nightmare in consequence of a feeble digestive system, her eyes are weak, dim, and watery, her face is flabby, her head appears to be held unsteadily on her shoulders, for it droops on her chest, or bobs helplessly from side to side, her complexion is dull and blotchy, red where it ought not to be red, and pale where it ought not to be pale. Her expression is indicative of the discomfort she has undergone during the night, her movements are either painfully slow or aggravatingly brusque, her intellect shows stupidity, her emotions are torpid, her perception dull.

While the woman that is in good physical health exhibits all the beauty in the early morning that her features are capable of expressing, the one whose organic life is deranged is at this period of the day at her worst. There is no better test of a woman's health than her ability to eat a hearty breakfast, and it might also be said that her physical beauty is in direct proportion to the amount of beefsteak or mutton chops she can put into herself at this meal. Certainly, pretty women can always eat a hearty breakfast."

We could wish that every intelligent woman might read the foregoing, which contains at once the ethics and law of good health applicable to the female sex. Women are not only prone to light eating at the morning meal but also are much given to the ingestion of the wrong food. It is quite important that adequate nourishment should be taken reasonably early in the morning. The "coffee and roll" habit is to be deprecated. The body stands in greater need of a substantial morning meal than at any other time during the day; the longest fast occurs between dinner and breakfast; the stomach has remained empty for a number of hours, hence has become rested and ready to receive and digest food. Therefore, adequate nutritious food elements should be taken in the morning.

On the other hand, a hearty luncheon is a mistake; it makes one dull during that portion of the day when the mentality should be most active, and when prolonged into the middle of the afternoon leaves the stomach unprepared for a hearty dinner. After an active day the society woman can enjoy a good dinner, and the business man needs it. But each of these important groups of community should by their methods and habits from breakfast to dinner, or in other words from early morning until the shades of evening, so conduct the affairs of life as to relish, ingest and digest a wholesome dinner.

MORE power to the young student of Trinity College, Hartford, who spent his Easter vacation studying tramp life as a tramp. If after he has reached home and had a bath he still recognises himself and retains his impressions of the road, he may find that he has learned something of value and, if he will give a bond with two good sureties not to communicate his impressions to a 10-cent magazine and pose as a Socialist, all may be forgiven him.

There are worse avocations than tramping for a student with ambition to improve himself. Among these I should place waiting at table, blacking boots or doing the like menial services at a summer hotel. I know that use has set the seal of approbation on these latter employments as aids to impecunious young men of decent birth ambitious of getting an education. At the resort where I spent a part of last summer, my coffee was handed to me by a budding bachelor of arts and my boots were blacked by a student in medicine. These persons took my tips without shame and were not ashamed to render very indifferent service in return therefor. If the bachelor is no better at his books than at waiting at table he is but a dull scholar, and if the medical student cannot learn to black boots I should despair of his ability to become a bone-setter.

The twain, in a word, were frauds and an imposition. They confirmed me in the opinion I have held for many years, that if a young man has the makings of a good menial servant he is not fit to be graduated from college, and if a student take pay for services he can't render, he is obtaining money under false pretenses. The student waiters are welcome to take either end of this, as pleases them.

The foregoing, clipped from the New York Morning Telegraph, April 23, 1908, contains a grain of suggestion that may well claim the attention of undergraduates in general, and those of medicine in particular. Whatever is worth doing at all is worth doing well. This axiomatic truth often has been stated, sometimes in one way and again in another, but always with the same import. A young student of Columbia University lost his life yesterday (May 20, 1908), because of a foolish prank. He was shot while attempting to get away from a policeman, who caught two students breaking into a small candy store. Such pranks do not contribute to the dignity of character that should pervade the entire fabric of educational life. We hope the lesson contained in the foregoing clipping, as well as the one pertaining to the sad death of the Columbia student, will be heeded by those to whom they may apply, if any such may chance to read this paragraph.

It is reported that, in a damage suit brought by a Harvard graduate (*New York Tribune*), against an express company for the

loss of his medical diploma, President Eliot and Harvard professors testified that "a diploma has only a sentimental value." This deposition apparently explains why students are allowed to earn diplomas by pursuing studies of sentimental value. Economically a college diploma is thus made a *quid pro quo* "in kind" for courses in Mesopotamian Mezzotints and the Esoteric Mental Calisthenics of Hegelianism.

GOVERNOR Hughes recently signed Senator Cassidy's bill, which declares tuberculosis to be an infectious disease and provides for the reporting of all cases to the local health authorities. It also provides for the free examination of sputum by the health authorities and for the disinfection of the premises after death or removal of a person having tuberculosis.

THE Board of Supervisors offered to sell to the University of Buffalo, for \$50,000, 100 acres of the almshouse farm, reserving the tract where the present almshouse stands, as well as the site of the county hospital. Yesterday the University council submitted a counter proposition, asking for five additional acres, including a portion of the land now occupied by the Almshouse building. It proposes, however, to give the county an easement on the land occupied by the almshouse building for such time as it shall be used for purposes of an almshouse. The council further offers to pay \$5,000 in cash and the remainder in one year, and it will consent to a stipulation that, if a university is not built on the site within ten years, the county may buy the land back at cost and interest.

The difference between the supervisors and the council is very slight. The county would retain the privilege of maintaining the old almshouse on the site as long as it wishes. That was the only purpose of reserving the portion of the farm which the building covers. As a matter of fact, the old building ought to be moved away as quickly as possible, whether the University ever acquires the site or not. The council has made a more liberal offer than many friends of the University thought should be asked of it, considering the public purpose to which the land is to be put. It is hoped the supervisors will consent to the terms.

THE Commissioner of Health, of Buffalo, Dr. Ernest Wende, recently stated that the health department will open a food and drug laboratory July, 1908. A microscopist and chemist will be in charge. Samples of all food, sold in the city will be examined there.

GOVERNOR HUGHES has approved the bill of Senator Wilcox providing for the regulation of the practice of optometry, and vetoed two measures of general interest. One was designed to make October 12, Columbus Day, a legal holiday, and the other was intended to provide free transportation to letter-carriers, policemen and firemen, "while in uniform."

PERSONAL.

DR. SYDNEY A. DUNHAM, of Buffalo, is in Kansas City attending the Presbyterian general assembly which convened May 21, and will hold until May 30. Dr. Dunham will then attend as a delegate the meeting of the American Medical Association, which will be held in Chicago from June 2 to June 5, 1908.

DR. JAMES A. MACLEOD, of Buffalo, will remove his office and residence from 262 to 327 Delaware Avenue on June 1, 1908. His brother, Dr. Norman K. MacLeod, formerly of Toronto, will be associated with him in practice. Dr. Norman K. MacLeod will also give special attention to laboratory work in bacterial vaccines.

DR. H. W. COWPER, of Buffalo, announces to the profession that he has established offices at 385 Franklin Street, Buffalo. His practice is confined to ophthalmology.

DR. CARL G. LEO-WOLF, of Niagara Falls, N. Y., announces under date of May 15, 1908, that on or about May 20, he will go abroad for two or three months to study at the European clinics. During his absence Dr. Otto R. Eichel, late house-surgeon at the Buffalo General Hospital, will occupy his offices and attend to his practice. Dr. Eichel's residence will be in the Y. M. C. A. building. Office: Rooms 300, 301, 302, 44 Falls St. Telephones for office and residence, Bell 244, Home 254.

DR. WILLIAM GAERTNER, of Buffalo, has removed his office and residence from 602 Ellicott street to 194 East Utica street.

DR. JOSEPH BURKE, of Buffalo, has removed his office and residence from 888 Main to 1092 Main street.

DR. JOHN B. MURPHY, of Chicago, has resigned as Professor of Surgery and co-head of the Department in Rush Medical College and has accepted the professorship of surgery and head of

the department in Northwestern University Medical School and position of attending surgeon at Mercy Hospital.

DR. A. W. MEYER, of the University of Minnesota and formerly of Johns Hopkins has accepted the professorship of anatomy in Northwestern University Medical School.

DR. A. N. RICHARDS, of the College of Physicians and Surgeons of New York City, has been appointed professor of pharmacology in Northwestern University Medical School.

DR. ALEXANDER T. BULL, of Buffalo, returned recently from a vacation of six weeks spent at Cambridge Springs in celebration of an event that few physicians can count—the completion of his sixtieth year of continuous service as a physician. Dr. Bull graduated in a class of 33 at the New York University in 1848, and went at once into practice at Quarantine, New York. It was a cholera year and three doctors had died within 30 days at the post he took. He was then 21 years old. Within a few months Dr. Bull showed unmistakable evidences of tuberculosis, of which many members of his family had died. He was ordered to the Delaware Mountains, the Adirondacks of those days, and spent three years in the wilderness of Sullivan county. At that time there was not a drug store in the county. Fresh air and outdoor life restored his health and today he is hale and clear-headed at 81 years and has the carriage of a grenadier. Dr. Bull has long held a prominent rank among the older homeopathic physicians in the State. He has lived to see the “old school” and the “new” united in many ways and co-operating successfully in abating the thousand ills that attack humankind.

DR. F. PARK LEWIS, of Buffalo, chairman of the committee on ophthalmia neonatorum of the American Medical Association, will present the report of his committee to the house of delegates at Chicago, Monday, June 1, 1908. The report is published in full in the JOURNAL of the American Medical Association, May 23, 1908, and should be read by every physician. Its importance cannot be overestimated.

OBITUARY

DR. GROSVENOR R. TROWBRIDGE, of Buffalo, died at his home 410 Elmwood Avenue, May 20, 1908, aged 44 years, after an illness of several weeks duration. He was the son of Dr. John S., and Abby Heacock Trowbridge, and was born in this city September

14, 1863. He was the grandson of Dr. Josiah Trowbridge, who was a pioneer in professional life in Buffalo and who was mayor of the city in 1837. He was a nephew of the Rev. Grosvenor W. Heacock, who was for a generation pastor of the Lafayette street Presbyterian Church. On his mother's side he bore relationship to the famous Grosvenor family, one of whom, Seth Grosvenor of New York, founded the Grosvenor library.

Grosvenor R. Trowbridge, as thus will be observed, was a descendant from two of Buffalo's oldest and best known families. He received his preliminary education at Dr. Brigg's school for boys, and took his academic degree from Williams College in 1884. He then entered the medical department of the University of Buffalo, from which he graduated in medicine in the class of 1887. Dr. Trowbridge then served a term as interne at the Rochester City Hospital and afterward became assistant physician at the hospital for the insane at Danville, Pa.

In 1893, Dr. Trowbridge married Lucy S., daughter of Col. Joseph H., and Abbie H. Horton. He had practised his profession in Buffalo for the last fifteen years.

Dr. Trowbridge was a member of the American Academy of Medicine, the Buffalo Academy of Medicine, the Medical Society of the County of Erie, the Medical Union of Buffalo, the Esculapian Club and the University, Park and Transportation Clubs. He was a 32d degree Mason and a member of the Sons of the American Revolution. At the time of his death he was surgeon for the Delaware, Lackawanna & Western Railroad Company, and the Lehigh Valley Railroad Company. At one time he was president of the Lehigh Valley Surgeons' Association and he was an officer of the recently organised surgeons' association of the Delaware, Lackawanna & Western. He was on the board of the Children's Aid Society.

Dr. Trowbridge's funeral was largely attended at the family residence Saturday afternoon, May 23, and the interment was at Forest Lawn. Dr. Trowbridge is survived by his wife. He was a skilful surgeon, an excellent physician, a most amiable man, possessing the confidence and esteem of a large circle of friends.

DR. ABIAH MORGAN CARTLEDGE, of Louisville, Ky., died suddenly at his apartments in that city, May 4, 1908, of angina pectoris, aged 49 years. Though he had not been altogether in perfect health for the last few weeks of his life, death finally came as a great shock to the profession of Louisville and to the community at large. His wife died in September, 1907. He is survived by a daughter, Miss Emma Cartledge, sixteen years old, two sisters, Mrs. Laura J. Crockett, who had been living with

Dr. Cartledge since the death of his wife, and Mrs. A. B. Wilson, of Greenville, Tenn.

Dr. Cartledge was a native of North Carolina and came to Louisville at the age of eighteen, at once taking up the study of medicine and graduating from the Hospital College of Medicine in that city in 1887. After graduation he at once entered upon the general practice of medicine. Very soon, however, his aptitude for surgery became apparent and won for him enough of that work to fully occupy his time. It was not long before he limited his professional practice entirely to surgery, becoming, while yet in his early professional career, one of the famous surgeons of the South.

Dr. Cartledge was a member of the American Medical Association; of the Southern Surgical and Gynecological Association (president in 1900); professor of abdominal surgery and gynecology in the Louisville Medical College; surgeon to the Louisville, Saint Louis & Texas Railroad, and to the Louisville City Hospital.

Dr. Cartledge presented a striking figure, being a handsome man in the best sense of the term. He was a most companionable person, a representative of the best type of clubman, a bon vivant and a raconteur, possessing special gifts on both these lines. He was amiable, self-poised, a delightful companion and a splendid citizen. Peace to his ashes.

DR. EDWARD H. TWEEDY, of Buffalo, died at his home May 13, 1908, aged 43 years. He became infected from a prick in his finger during a surgical procedure, which occurred about a month before his death. The infection proceeded from bad to worse notwithstanding prompt and continuous skilful treatment. He graduated from the medical department of the University of Buffalo in 1888, and has since practised his profession in this city. Dr. Tweedy is survived by his wife, his daughter Marion, his mother, two brothers and one sister, his father having died a few days after his own decease.

DR. CHARLES P. ALLING, of Dunkirk, died at his home May 8, 1908, aged 70 years. He graduated in medicine at the Cleveland Homeopathic Hospital College in 1862, and was a member of the state homeopathic state medical societies of New York and Ohio. He is survived by his wife and two children, Howard W. Alling and Mrs. Mary E. Fenger, the latter residing at Jamestown.

DR. DEWITT CLINTON CRUMB, of South Otselic, N. Y., died at his home April 18, 1908, aged 60 years. He graduated at the

University of Buffalo; medical department, in 1871; was a member of the medical societies of the State of New York and County of Chenango, and a veteran of the Civil War.

SOCIETY MEETINGS.

THE International Congress on Tuberculosis will convene at Washington, D.C., September 21 and continue until October 12, 1908. The President of the United States has accepted the presidency of the congress and discusses the importance of the subject in a somewhat extended letter of acceptance. We shall print the letter in a future number.

THE Fifth Pan-American Medical Congress will be held at Guatemala, C. A., August 5-8, 1908.

THE Buffalo Academy of Medicine held meetings during April and May as follows:

A special meeting was held Tuesday evening, April 28, to consider the question of incorporating the Academy and the question of a home. The program was furnished by the Section on Obstetrics and Gynecology: My obstetrical experience, J. W. Grosvenor.

Section on Surgery.—Tuesday evening, May 5. Program: Patients with enlargement of the prostate who should not be operated upon by prostatectomy, Paul Thorndike, Professor Genitourinary Diseases, Harvard Medical School, Boston.

Section on Medicine.—Tuesday evening, May 12. Program: Bacterial Vaccines: (a) The vaccines in their application to the ordinary tyogenic case, Norman K. MacLeod; (b) The vaccines in their relation to erysipelas, W. G. Ross, Toronto, Ont.

Section on Pathology.—Tuesday evening, May 19. A chairman and a secretary of the section for the ensuing year were elected at this meeting. Program: Care of the municipal milk supply. Lantern slide demonstration, George W. Goler, Commissioner of Health, Rochester, N. Y.

THE Rochester Academy of Medicine held meetings during May as follows:

Section on General Medicine —Wednesday evening, May 6.

Program: Diagnosis of tuberculosis, Charles D. Young;
Treatment of tuberculosis, George W. Goler.

Section on Surgery.—Wednesday evening, May 13. Program: "Honor to Whom Honor is Due"—a tribute to the late Dr. Henry Koch, E. Wood Ruggles.

COLLEGE AND HOSPITAL NOTES.

THE sixty-third annual commencement exercises of the University of Buffalo, including the departments of medicine, law, pharmacy and dentistry, were held at the Teck theater Friday, May 29, 1908, at 11 A. M. The address was delivered by the Rev. S. Van Vranken Holmes, D.D. The faculty of medicine held a reception afterward to the graduates, their friends, and the alumni at the University club, during which a luncheon was served.

Beginning on Tuesday, May 26, the Alumni Association held its annual meeting and during the next two days, May 27, and 28, a series of clinics were held at the various hospitals. Allusion to these meetings and clinics was made in this column for May, and in the July issue we expect to publish a detailed account of the proceedings for the week. This edition of the JOURNAL goes to press too early to publish the proceedings in the June number.

THE United States Steamship Buffalo is to become a hospital ship. With a view to preparedness in case of necessity, the surgeon general's office of the navy has suggested the designation of several vessels available for use as hospital ships. Among the ships suggested by Surgeon General Rixey is the Buffalo, now on the Pacific Coast, which is regarded by naval surgeons as admirably suited for such purposes. The surgeon general is an earnest advocate of the use of hospital ships and takes the ground that the navy should always be ready with them if a call is made for their services.

THE Lockport common council, at a recent meeting, officially accepted the gift of \$10,000 from the estate of Morrison W. Evans for the construction of an addition to the new hospital. The annex will be known as the Morrison W. and Agnes H. Evans Memorial, and must be under way within three months and completed within a year. Of the fund originally left the city \$1,500 has been expended for instruments for the new hospital.

BOOKS AND AUTHORS.

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. Edited by **W. T. Longcope**, M.D., Volume I., eighteenth series. Philadelphia and London: J. B. Lippincott Co. 1908. (Cloth, \$2.00.)

The titles and authors in this number are the sanatorium, Lawrason Brown; treatment of syphilis by injection of soluble salts of mercury, Jean Dardal; clinical aspects of blood coagulation, Thomas R. Boggs; records of the opsonic test for diagnosis and of the employment of vaccines in infectious conditions in children, A. Dingwall Fordyce; the paratyphoid fevers, James C. Wilson; urinary acidity with reference to gastric acidity. Acid and alkaline tests in urine denied, A. L. Benedict; textural proclivities and immunity, the personal factor in medicine, Sir Dyce Duckworth; mucous colitis, David Somerville; normal temperature of the body, R. D. Rudolf; diseases of the gall bladder, John B. Deaver; deductions from a series of operations for perforated gastric and duodenal ulcer, Benjamin T. Tilton; resection of shoulder joint for suppurative disease of the bone, J. Garland Sherrill; import of digestive disturbances in the diagnosis of surgical lesions of the abdomen, Louis Frank; on fixation abscesses, Jules Thiroloix; care of the newborn, Henry Enos Tuley; perfected surgical treatment of fibroid tumors of the uterus, Lewis S. McMurtry; fracture of the spine, George L. Walton; the way of infection in tuberculosis, Lawrence F. Flick; etiology of hemoglobin uric fever, William H. Deederick.

The progress of medicine during 1907, as relates to treatment is compiled by A. A. Stevens; that relating to medicine by David L. Edsall and Verner Nisbet; and that relating to surgery, by Joseph C. Bloodgood.

The notable contributions to this number are those made by John B. Deaver, J. Garland Sherrill, Louis Frank, Lewis S. McMurtry, Henry Enos Tuley, George L. Walton, and Lawrence F. Flick. All the articles possess merit and deal with topics of considerable importance. This is one of the better volumes of recent issue.

The Diagnosis and Treatment of Pulmonary Tuberculosis. By **Francis M. Pottenger**, A.M., M.D., Medical Director of the Pottenger Sanatorium for Diseases of the Lungs and Throat, Monrovia, Cal.; Professor of Clinical Medicine in the Medical Department, University of Southern California. Octavo, pp. 377. New York: William Wood & Co. 1908. (Cloth, \$3.50.)

The pursuit of the study of tuberculosis is leading constantly into new fields of investigation and as constantly demanding, or perhaps we should say creating, new literature, some of which is

valuable, other some of little use. To the former class this book belongs. The examination of the patient for early tuberculosis has ever increasing importance, since this is the period when the arrest of the disease may be expected, if it is then recognised and proper precautions taken. It is in the early stage when open air treatment gives most promise as an effective measure for the arrest of disease processes. The chapter on this topic is most instructive and may be read with profit by every physician.

Prophylaxis plays an important role in this disease, and is dealt with by this author in an intelligent manner, the chapter on this topic also being both interesting and instructive. The entire volume, indeed, is filled with valuable material, well arranged, and admirably joined together. The inset marginal side headings facilitate examination of topics and subtopics, besides giving a handsome appearance to the pages. Every public sanitarian, as well as clinician, should give this work careful study.

History of the Study of Medicine in the British Isles. The Fitz-Patrick Lectures for 1905-6, delivered before the Royal College of Physicians of London. By Norman Moore, M.D., Cantab. Fellow of the Royal College of Physicians; Physician to St. Bartholomew's Hospital. Octavo, pp. 202. Oxford: Clarendon Press. 1908.

Wherever medicine is taught its history should be known. No country has contributed more to the history of medicine than Great Britain. This author, in these lectures, has added further luster to his name, and has contributed a classic to the history of medicine in the British Isles. Though he calls his book, the history of the study of medicine it is, nevertheless, a lasting tribute to the real history of medicine itself, and will be read with pleasure by every American physician of culture, who would further familiarise himself with the study of medicine as it existed in mediæval times.

Transactions of the American Surgical Association. Vol. XXV. Edited by **Richard H. Harte**, M.D., Recorder of the Association.

This volume contains the papers read at the twenty-fifth annual meetings of the association, May 7, 8, and 9, 1907. There is nothing in the book to indicate the place where the meeting was held. The president, Dudley P. Allen, of Cleveland, chose for the subject of his address, "The Teaching of Surgery." A symposium on cancer of the breast, consisting of thirteen papers, constitutes a most important part of the book. Many other papers of great interest are presented, together with valuable discussions on the same, all going to make up one of the essential contributions to the literature of surgery for the year.

BOOKS RECEIVED.

Index to the Transactions of the American Laryngological, Rhinological and Otological Society. From 1896 to 1907 inclusive. Published by the Society. 1908.

The Sexual Question. A Scientific, Psychological, Hygienic and Sociological Study for the cultured classes. By August Forel, M.D., Ph.D., LL.D., formerly Professor of Psychiatry at and Director of the Insane Asylum in Zurich, Switzerland. English adaption by C. F. Marshall, M.D., F.R.C.S., late Assistant Surgeon to the Hospital for Diseases of the Skin, London. Octavo, pp. 536. Illustrated. New York: Rebman Company.

Righthandedness and lefthandedness, with Chapters treating of the writing posture, the rule of the road, etc. By George M. Gould, M.D. Duodecimo, pp. 210. Illustrated. Philadelphia and London: J. B. Lippincott Co. (Cloth, \$1.25.)

Transactions of the American Urological Association. Sixth annual meeting held at Atlantic City, June 3, and 4, 1907. Edited by Charles Greene Cumston, M.D.

Bureau of the Census. S. N. D. North, Director. Mortality Statistics for 1906. Seventh annual report. Washington: Government Printing Office. 1908.

Diseases of the Nose, Throat and Ear. Medical and Surgical. By William Lincoln Ballenger, M.D., Professor of Otolaryngology and Rhinology, College of Physicians and Surgeons, of Chicago University of Illinois. Octavo, 896 pages, with 467 engravings and 16 plates. Lea & Febiger, Publishers, Philadelphia and New York, 1908. (Cloth, \$5.50 net.)

Concerning Lafcadio Hearn. By George M. Gould, M.D. With a Bibliography by Laura Stedman. Duodecimo, pp. 416. Illustrated. Philadelphia: George W. Jacobs & Co. (Cloth, \$1.50.)

The Practical Medicine Series. Ten volumes. Issued under the general editorial charge of Gustavus P. Head, M.D., Professor of Laryngology and Rhinology in the Chicago Post-Graduate Medical School. Vols. 1, and 2, General Medicine, and Surgery. Series 1908. Chicago: The Year Book Publishers. (Prices, \$1.50, \$2.00; entire series, \$10.00.)

The Development of Ophthalmology in America, 1800-1870. A Contribution to Ophthalmic History and Biography. An Address delivered in Abstract before the Section of Ophthalmology of the American Medical Association, June 4, 1907. Revised and enlarged. By Alvin A. Hubbell, M.D., Ph.D. Professor of Clinical Ophthalmology in the University of Buffalo, etc. Duodecimo, pp. 197. Illustrated by selected portraits and cuts. Chicago: W. T. Keener & Company. (Cloth, \$1.75 net.)

LITERARY NOTES.

MESSRS. W. B. SAUNDERS COMPANY, medical publishers of Philadelphia and London, announce for publication before June 30, 1908, a list of books of unusual interest to the profession, calling special attention to the following: Bandler's Medical Gynecology, treating exclusively of the medical side of this subject; Bonney's Tuberculosis; Volume II, Kelly and Noble's Gynecology and Abdominal Surgery; Volume IV, Keen's Surgery; Gant's Constipation and Intestinal Obstruction; Schamberg's Diseases of the Skin and the Eruptive Fevers; John C. DaCosta, Jr.'s, Physical Diagnosis; Todd's Clinical Diagnosis; Camac's Epoch-making Contributions in Medicine and Surgery. All these works will be profusely illustrated with original pictures.

THE Boston Medical and Surgical Journal dedicated its issue of May 7, 1908, to Reginald Heber Fitz, M.D., L.L.D., Hersey Professor of the Theory and Practice of Physic in Harvard University in honor of his sixty-fifth birthday, May 5, 1908. It is a handsome number of 148 pages contributed by his former house pupils at the Massachusetts General Hospital and Assistants in the Department of the Theory and Practice of Physic at Harvard University. A handsome photogravure of Dr. Fitz appears as a frontispiece and the entire number is filled with articles of scientific value. It is a credit to all concerned.

MISCELLANY

THE United States Civil Service Commission announces an examination on June 17, 1908, at the usual places, to secure eligibles from which to make certification to fill a vacancy in the position of dental interne (male), at \$600.00 per annum, with maintenance, in the Government Hospital for the Insane, Washington, D. C., and vacancies requiring similar qualifications as they may occur. The Department states that it reserves the right to terminate the appointment at the expiration of one year of service if it is deemed advisable to do so.

Applications will not be accepted from persons who fail to indicate, in answer to question 17 of the application form, that they are graduates of not more than 18 months' standing of regularly incorporated dental colleges. Applicants must be unmarried. Age limit, 20 years or over on the date of examination. This examination is open to all citizens of the United States who comply with the requirements.

THE United States Civil Service Commission announces an examination on July 1, 1908, to secure eligibles from which to make certification to fill a vacancy in the position of technical assistant, Division of Pharmacology, Hygienic Laboratory, Public Health and Marine-Hospital Service, at \$150 per month, and vacancies requiring similar qualification as they may occur in any branch of the service.

Applicants should have received either the degree of M.D. or Ph.D. from institutions of high standing. If the former, they should also have had hospital experience or exceptional opportunities of pursuing graduate studies; if the latter, their studies should have been along the lines indicated above. These facts must be fully stated in the application.

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ORIGINAL COMMUNICATIONS.

Acute Pancreatitis.

Report of Four Additional Cases with Autopsies.

By CHARLES G. STOCKTON, M. D., AND HERBERT U. WILLIAMS, M. D.
University of Buffalo, Medical Department.

ALTHOUGH the number of cases of this affection that have been reported is now very large, so much about it remains obscure that additional reports still seem desirable. The present writers have already published together accounts of three cases¹; for this reason those considered here are designated Cases IV. to VII.

CASE IV.—On Friday, February 13, 1903, Dr. Stockton visited at noon in consultation with Dr. Joseph Fowler, Mr.— of Adams, Mass. Mr.— left home Monday morning in his usual health, but when he reached Albany he began to suffer with severe abdominal pain. This became so intense that before he reached Buffalo he was in a condition of great prostration, and it required his utmost power to control himself until his arrival. At Rochester, he wired Dr. Fowler to meet him on his arrival in Buffalo. He was taken from the train in a wheel chair, helped into a carriage, driven to Dr. Fowler's office where morphine was administered, and he reached his stopping place a very ill man. He had a temperature of 102°, with a weak, intermittent pulse. There was vomiting, and intense pain in the median line above the umbilicus, which to some extent radiated to the back. He soon rallied although the pain continued and occasionally the vomiting recurred until Thursday night, when it ceased. Early Friday morning his bowels moved as the result of calomel and salts, they having been confined for forty-eight hours previously. There was moderate tympanites at this time, a great deal of distress, and a sense of great weariness. After the bowels had moved, the pulse became extremely weak and frequent, and jaundice made its appearance; vomiting did not recur.

1. American Journal Medical Sciences, 1895, Vol. CX., p. 251; Transactions, Association American Physicians, 1895, Vol. X., p. 227; Philadelphia Medical Journal, 1900, Vol. VI. These three cases were considered together in the Report of the Pathological Laboratory of the University of Buffalo, No. 1.

Dr. Fowler saw the man during the afternoon. He was alarmed by his prostration and Dr. Stockton was asked to see the patient with him. The patient was a very large man, six feet tall, weighing 240 pounds, with much abdominal fat. There was considerable tympanites, tenderness in the median line above the umbilicus, especially on deep pressure. There was very little abdominal tension save that caused by tympany; but the abdomen was so fat that palpation was unsatisfactory. The area of hepatic dullness was slightly increased, the spleen not large. The face and extremities were markedly congested, showing poor oxygenation. The jaundice was most evident over the sclerotics; tongue moderately coated, not characteristic. The patient was lying on his right side, he moved about when requested, but complained of great weakness. He said that in other respects he felt better than in the morning. The pulse could not be precisely counted, although it was above 160; his temperature was 99° . The heart sounds were tapping in quality, first and second sounds alike, nearly inaudible. The respiratory sounds were very feeble, and a few moist rales could be detected at the base of the right lung. A specimen of the urine was asked for, but it could not be obtained. There was a history of what was supposed to be gallstone colic, occurring about nine months before. All things considered, it was believed that the patient suffered from acute hemorrhagic pancreatitis, possibly with gallstone complications. Surgery was advised provided the man's condition sufficiently improved to warrant it. The attending physician had stimulated the patient fully, but no response was seen. These measures were continued, but no improvement resulted and death occurred four and one-half hours later.

His family physician, Dr. A. J. Bond, of Adams, Mass., reports that during March, 1902, the patient was under treatment for indigestion and biliousness, believed to have resulted from sedentary habits and over-indulgence at the table. From April 5th to June 7th, the patient was confined to his bed because of epigastric pain and sensitiveness, with a temperature of 102.5° , the fever remitting in character; there were nausea, vomiting, clay-colored stools, bile-stained urine and anorexia. After a few days the sensitiveness was confined to the region of the gall-bladder. No tumor was discoverable, perhaps owing to obesity of the patient. Subsequent to this the patient was in good health, previous to the illness already recounted.

Autopsy, four hours after death: Rigor mortis and post-mortem lividity well marked; skin slightly jaundiced; a quantity of water, probably not large, had been introduced into the arterial system by the undertaker. The body was that of a large and stout man; subcutaneous fat an inch to an inch and a half thick; abundant subperitoneal and omental fat. The brain and spinal cord were not examined. The contents of the thorax, the spleen, kidneys and urinary bladder were not remarkable. The abdomen was tympanitic. There was no exudate in the general peritoneal cavity

and no peritonitis. The stomach and duodenum tore easily. The stomach, duodenum, vermiform appendix and the remainder of the intestines were apparently normal. The liver was large (about five pounds), somewhat soft, slightly mottled. The gall-bladder was very small and contracted, its interior sacculated, and it contained numerous small, soft calculi. The beginning of the cystic duct was obstructed by one of these calculi. The cystic, hepatic and common bile-ducts were all large, open and free from calculi. The main pancreatic duct was of good size, open, and joined the common bile-duct shortly before entering the duodenum. The pancreas was large, hard, and mottled with spots of hemorrhage and fat-necrosis. The head of the pancreas was hard, swollen, and hemorrhagic, and there was a large hemorrhagic infiltration behind it and the duodenum. The distal part of the pancreas appeared small and abnormally fibrous. There were numerous areas of fat-necrosis about the pancreas, especially the head of the pancreas, also in the mesentery and mesocolon, and a few in the omentum, but none in the anterior abdominal adipose tissue. The fat-necrosis was very pronounced at the root of the mesocolon. The lesser peritoneal cavity contained several ounces of slightly blood-stained fluid with floating drops of oil. No obstruction of the large bloodvessels of the pancreas was found.

Cultures made from the lesser peritoneal cavity yielded *bacillus coli communis*. A diplo- or streptococcus was recovered from the gall-bladder. Examination of sections of the pancreas and its ducts for bacteria was negative, except that in a single field a few small bacilli were found in a thrombus in a vein. Many similar thrombi were examined with negative results. In some situations so much fragmentation of the nuclei of leukocytes had occurred as to render the examination for bacteria very unsatisfactory. The connective tissue of the pancreas was increased in amount, and was abnormally cellular. Small hemorrhages were present in it. Areas of pigmentation were seen, consisting of yellowish-brown granules and fine crystals, largely enclosed in phagocytic cells. In the head of the pancreas there was much exudation of fibrin and the connective tissue contained numerous polynuclear leukocytes; in certain areas there was pronounced fragmentation of the nuclei of the leukocytes. The veins, especially the small veins, frequently contained thrombi, in which leukocytes were prominent. The adipose tissue around the pancreas and between its lobules showed numerous areas of fat-necrosis, frequently surrounded by leukocytes; among the latter fragmentation of nuclei was often conspicuous. The epithelium of the ducts of the pancreas was in good condition, except in the duct of Wirsung where it was wanting, probably owing to manipulation at the autopsy. The epithelium of the acini of the pancreas was of normal appearance in most of the sections, but in some parts areas of considerable size occurred where the nuclei refused to stain. In such parts the nuclei of the ducts also failed

to stain. The areas of necrosis were not prominent in the head of the pancreas, but were large in the body. Small and beginning foci of necrosis of the acini were seen sometimes in immediate contact with foci of fat-necrosis. Histological examination of the other organs yielded no important information except in the case of the liver. The hepatic cells showed marked fatty infiltration. The connective tissue contained many leukocytes. Many small bile-ducts were filled with polynuclear leukocytes and granular debris. The impression produced by all the features of this case taken together was that a certain degree of inflammation had been operating in the pancreas for some time upon which the acute fatal process had suddenly supervened. On the whole evidences of acute inflammation were quite marked in this case.

CASE V.—In September, 1902, M. W., a stout, well-educated Irish housekeeper, about 50 years old, was seized with intense pain in the epigastric region. She had suffered several hours when Dr. Stockton examined her. There were nausea and some vomiting, temperature of 102° , pulse 120, great depression; the abdomen was moderately distended, not rigid, but sensitive to pressure in the median line just above the umbilicus. There was absence of tenderness in the region of the gall-bladder and the appendix. Dr. Stockton had known the patient for several years, and she had never had a similar attack. She showed more prostration, more abdominal shock than usually occurs in inflammatory processes. Obstruction of the bowels, perforative appendicitis, and perforation or obstruction of other abdominal viscera were considered. The conclusion was that she was probably suffering from acute pancreatitis. She was given a small dose of morphine hypodermically, was relieved and continued to improve. In three or four days, although she showed the effect of her prostration she was free from abdominal symptoms. The nature of the attack was on the whole not clear.

About a year later, in June, 1903, she suffered her final illness which began precisely like the preceding attack. In this last illness she was not under our personal observation. She is stated to have experienced sudden, sharp, severe pain about two o'clock in the morning, with nausea and vomiting. About nine o'clock she was seen by Dr. C. S. Jones, who found the pain so severe that he administered morphine hypodermically; but little relief was felt, and a second hypodermic was given. The pain was located over the stomach, but was not localised so definitely but that both appendicitis and gallstones were considered as possible causes. On the whole the indications seemed to point to intestinal obstruction. Her pulse was feeble, the temperature not notably elevated. Her mind was apprehensive. During the day she was removed by Dr. Jones to the Sisters of Charity Hospital. Her pulse continued to be very rapid, the temperature slightly elevated; there was still vomiting, the face appeared pinched, there had been no movement of the bowels. On the second day of the attack the abdomen was opened by Dr. S. Y. Howell.

No obstruction of the intestines could be found, although the coils of intestine were distended and hyperemic. Areas of fat-necrosis were seen in the omentum. The woman remained in a collapsed condition, and died in about three days.

Autopsy, June 27, 1903; dead 20 hours; the usual rigor mortis and lividity; a linear wound was present in the middle line, beginning one inch above the symphysis and extending upwards eight inches, fresh and healthy appearing, closed with silkworm-gut sutures, opening into the peritoneal cavity; the coils of gut immediately adjacent were covered with bloody fibrin. The subject was very stout, and the adipose tissue over the thorax and abdomen was one and one-half inches thick. The contents of the thorax were not remarkable, except that the endocardium was strongly blood-stained. The spleen was small, and rather soft. The kidneys were large, somewhat soft and pale, and contained small cavities, making the texture spongy. The liver was of ordinary size and showed evident fatty infiltration. Numerous areas of fat-necrosis occurred in the abdominal adipose tissue, in the mesentery down to the mesorectum, in the omentum, many about the left kidney; but they were most numerous and extensive about the pancreas. There was no appreciable fluid in the lesser peritoneal cavity. The pancreas was enlarged, firm, dark, red to brownish-black, mottled; hemorrhage was evident; there were numerous thrombi in the medium-sized and small veins but not in the main arteries or veins. The duct of Wirsung was rather small, but was patulous, joining with the common bile-duct just before entering the duodenum. A probe was passed through the orifice of the diverticulum of Vater with moderate force. There were no calculi in the diverticulum or gall-ducts, and the latter were patulous; the gall-bladder contained several calculi from one-eighth inch in diameter to the size of a cherry; it was adherent to the colon. Attempts were made to dissect out the solar plexus, with indifferent success; however, it was observed that hemorrhage proceeding from the pancreas had extended to the vicinity of the solar plexus. The brain and spinal cord were not examined. Cultures from the general peritoneal cavity yielded a small motile bacillus, probably *b. proteus*; cultures from the lesser peritoneum gave no growth; cultures from the gall-bladder yielded a streptococcus. The pancreas itself contained *b. coli communis* in pure culture. Sections of the pancreas showed numerous bacilli of similar morphology and some very large bacilli. To a considerable extent these bacilli were growing within small cavities that seemed to be lymph-spaces and sometimes small veins. The bacilli were most numerous in the head of the pancreas. The bacilli seen here were probably partly *b. coli communis* and partly a gas-forming organism, the latter being responsible for the cavities seen in the kidney, mentioned above. The veins of the kidney and often the walls of these cavities showed numerous large Gram-positive bacilli. It is not unlikely that they were *b. aerogenes capsulatus*, but as no anaërobic

cultures were made a decisive opinion cannot be given. In sections of the pancreas its histology was hardly recognisable in many places, owing to the absence of nuclear stain; in occasional fields the structure was quite well preserved. In all the ducts observed the epithelial lining was wanting, and they contained desquamated epithelium and debris. Other prominent features were firm thrombi in the veins, hemorrhage, fat-necrosis and the presence of great numbers of dark pigment granules. In the head of the pancreas and in the fibrous tissue of the duodenum adjacent to it, numerous phagocytic cells enclosing yellowish pigment masses occurred; they were interpreted as indicating that some hemorrhages had occurred at a time prior to the final acute attack. The epithelial lining of the duct of Wirsung and of the bile-duct was deficient. A small duct, passing through the wall of the duodenum, supposed to be the duct of Santorini, contained desquamated epithelium in quite good condition. With the exception of an excessive degree of fatty infiltration of the liver, and the large bacilli above mentioned in connection with the kidney, the histology of the other organs was not important. The necrosis of the pancreas and hemorrhage were the most striking features of this case. By some this would probably be called gangrenous pancreatitis.

CASE VI.—For the clinical history of this case we are indebted to Dr. James P. Barr. J. B., male, age 35, a shoemaker, whose health had previously been good, was seized with pain in the abdomen on June 28, 1907, 10 A. M. The pain was located over the stomach, a little to the left of the median line, extending to the left side and back. At 12 M. his temperature was 100°; pulse, 90; at 9 P. M., temperature, 101°; pulse, 120. There was vomiting. During the day morphine was given on account of the severity of the pain. June 29, 7 A. M., temperature, 102°; pulse, 150; he was then in great pain; at 12 M., temperature, 102.5°; pulse, 160; he had slight convulsive attacks. At 10. the pulse was very weak and rapid; he was in great pain, and was perspiring freely; he had convulsions and was at intervals delirious. A probable diagnosis of intestinal obstruction was made, and he was conveyed to the Buffalo General Hospital, where his temperature was found to be 105°, pulse, 150; blood examination, only leukocyte count made, 9,600. The abdomen was tympanitic but not rigid; examination of heart and lungs showed nothing abnormal; he was unconscious; the condition appeared like shock; operation was considered hopeless. At 3 A. M., June 30, his temperature was 109.8°; pulse, 185. His death occurred shortly afterwards, about forty-one hours after the first symptom was said to have been experienced.

Autopsy, June 30, 3:30 P. M., about twelve hours after death. The body was that of a short, well-built man, showing the usual rigor mortis and post-mortem lividity; there was slight jaundice of the skin and sclerotic of the eye. The adipose tissue beneath the skin and in the omentum and mesentery was well developed

but not excessively. The brain was not examined. The organs of the thorax showed no condition of importance. The spleen and the kidneys were somewhat small and pale, but not otherwise remarkable. There was no exudate on the surface of the peritoneum; the cavity contained a few ounces of turbid fluid; the coils of intestine were distended but not reddened. There was no fat-necrosis to be seen from the general peritoneal cavity.

The lining of the stomach was swollen, hyperemic, and showed some small hemorrhages. The lining of the duodenum was swollen and hyperemic; the lining of the upper part of the jejunum was swollen; the remainder of the intestine with the vermiform appendix, was normal. There were no ulcers; there were no calculi in the intestines; the contents were yellowish-white and semifluid. The liver was large, soft, yellow, a little mottled with red, and appeared fatty and somewhat jaundiced. The gall-bladder was moderately distended with green bile; there were no calculi in the gall-bladder or ducts; the ducts were patulous. On moderate pressure on the gall-bladder bile issued from the bile-papilla, which was prominent. The duodenum was ligated and filled with eosin solution; on pressure the fluid could not be made to regurgitate into the diverticulum of Vater.

On opening the lesser peritoneal cavity it was seen that the posterior wall of the cavity, covering the anterior surface of the pancreas and the adjacent portion of the stomach, had a curious white, opaque appearance, as though acted on by some corrosive. The cavity contained one to two ounces of turbid fluid, with some white flakes. On section it was seen that the adipose tissue in and about the pancreas showed extensive fat-necrosis, not in the form of nodules, but spreading diffusely or in little streaks. This condition was very marked behind the head of the pancreas, where the tissues appeared to be infiltrated with soft purulent material, extending to the root of the mesentery. Microscopic examination showed the material to contain drops of fat and many needle-shaped crystals, and a few bacilli, resembling *b. coli communis*, but no leukocytes. The pancreas was of normal size, grayish pink in color, quite firm towards the tail, softer near the head. A small hemorrhagic area was seen behind the middle of the pancreas. The duct of Wirsung opened into the diverticulum of Vater about one-fourth inch from its orifice; its interior was not bile-stained, but was entirely filled with opaque, soft, white material, which appeared under the microscope to be amorphous, with an occasional leukocyte, and a considerable number of bacilli resembling *b. coli communis*. The duct was rather small in caliber. The peculiar white character of its contents appeared to be shared by the wall of the duct, and to extend a short distance into the surrounding tissue. The papilla for the duct of Santorini was found in its usual situation. In sections, a channel supposed to be this duct was subsequently found; it was not obstructed and its epithelium was in good condition. No thrombosis or other obstruction of the bloodvessels of the pancreas was noted.

Cultures were made from the intestine, gall-bladder, spleen, and the fluid in the lesser peritoneal cavity. From the first three was obtained a moderate sized short bacillus, with rounded ends, little or slightly motile, Gram-negative, producing gas in dextrose and reducing neutral red, and producing gas and acid in lactose; it was regarded as being *b. coli communis* or *b. lactis aerogenes* and was not studied further. The lesser peritoneum yielded a nonmotile bacillus, usually short oval, sometimes longer, often in pairs, which did not produce acid or gas in glucose or lactose, did not reduce neutral red. It was doubtfully and slightly Gram positive. The presence of bacilli having the morphology of *b. coli communis* in the duct of Wirsung and the fat-necrosis about the head of the pancreas has been noted.

In sections of the pancreas no bacteria could be found, but the examination was rendered quite uncertain by the presence of many granules apparently precipitated by the fixing fluids (formaldehyde and especially by alcohol). Sections of the pancreas at various points showed an imperfect nuclear stain or often none at all in most of the tissue, when only the outlines of the acini and lobules remained distinguishable. Fat-necrosis was very extensive between the lobules and on the surface. The connective tissue of the surface at various points showed distinct increase in the number of its cells, marked accumulations of leukocytes; small hemorrhages were also present and some fibrin. That the changes in the pancreas did not occur post-mortem, chiefly at least, was evident from the changes just noted. The wall of the duct of Wirsung gave no nuclear stain; the epithelium was deficient; the duct was completely filled with amorphous material taking the eosin stain; rarely leukocytes occurred in the contents.

Histological examination of the heart, lungs, and spleen showed nothing of importance. In the kidney the epithelium of the convoluted tubes stained poorly. As to the liver, the cells were slightly fatty; some of them showed granules of yellow pigment, and some of the fine bile-capillaries contained yellow pigment masses; the bile ducts were normal; the connective tissue was moderately infiltrated with leukocytes. The stomach showed marked hyperemia and some small hemorrhages in the mucosa; the epithelial cells were granular, many were desquamated; many showed karyokinetic figures. The duodenum showed an increased number of leukocytes in the fibrous layers; there was slight desquamation of the epithelium of Brunner's glands. The impression obtained from the condition of the pancreas in this case was that necrosis was the most conspicuous feature, while hemorrhage and inflammatory phenomena were comparatively unimportant.

The possibility that the process in the pancreas was due to infection and was secondary to gastro-duodenitis has considerable

evidence in its support. Nothing was found at the autopsy to account for the very high temperature of the patient's last hours. It is to be regretted that the brain could not be examined.

CASE VII.—For the history of this case, we are indebted to Dr. Roswell Park. "M. S., age 47. The patient was sent to the Buffalo General Hospital by Dr. Buswell with a statement that he had long suffered from gallstone disease and would require operation. He was having attacks of peritoneal and paroxysmal pain along with nausea and vomiting. Altogether his sickness covered a period of nine years. Two or three years ago Dr. Buswell urged operation which had been postponed, until now apparently it was forced upon him when he was not in good shape. It was after another acute attack of pain that I operated.

"November 21, 1907, I explored the upper abdomen in the expectation of finding most serious trouble in or about the gall-bladder. On opening the peritoneum I was confronted by a mass of adhesions binding together all the upper viscera, obscuring details and making it extremely difficult to decide even what would be advisable. I could not find the gall-bladder. While down in the depths I felt a hardened mass which suggested cancer of the pancreas. While separating adhesions here, there came a gush of pus and necrotic tissue, having that in it which was much like both fat and fecal matter, and it was evident that I had gotten into some old abscess whose minute origin was unknown. It seemed wise to stop at this point. Accordingly, I drained the abscess cavity and had to lightly pack the wound because of the tendency to oozing.

"Patient steadily ran down and died on the third day after the operation. It seemed to me in the uncertain past there had been ulcer of the duodenum, with perforation, and the abscess cavity into which I had opened was the consequence of old adhesions and perforation, while the material it contained was of uncertain age, but old. The mass was large enough to press upon the biliary passages and to cause all sorts of disturbances."

Autopsy, November 25, 1907, about six hours after death, by Dr. N. G. Russell. The subject was jaundiced, adipose tissue moderately developed. The thoracic organs were not remarkable. The surface of the abdomen showed a wound about seven inches long to the right of the rectus muscle, from which a dark, foul smelling fluid issued. On opening the peritoneal cavity, the adipose tissue of the omentum and mesentery presented numerous opaque grayish spots from the size of a pin-head to a bean which proved to be areas of fat-necrosis. Similar nodules occurred about the left kidney in the adipose tissue, which was abundant. Fat-necrosis was not present in the region opened at the operation. The upper part of the peritoneum had numerous adhesions and some turbid fluid. The spleen was not remarkable. The kidneys were large, pale, narrow cortex, capsule stripping easily; bladder normal. The lower part of the intestines was not remarkable.

The stomach contained mucus and reddish fluid. The stomach was glued to the diaphragm by moderately fresh adhesions; rupture of these adhesions opened a pocket of bloody pus. The duodenum showed a round ulcer five-eighths inch in diameter, two and one-half inches below the pylorus, and a second round ulcer one-half inch in diameter, three and three-fourths inches below the pylorus. The lower of these ulcers was situated just to the left of the papilla for the duct of Santorini. This ulcer had perforated the wall of the duodenum and communicated with the lesser peritoneum.

The surface of the head of the pancreas and the adjacent portion of the body were marked by discoloration, red, gray to black in color. The neighboring adipose tissue showed opaque, white or gray areas of fat-necrosis. The lesser peritoneum contained turbid fluid. The substance of the pancreas appeared firm, pink and normal, except superficially in the region of discoloration and necrosis above mentioned. No thrombi were seen in the large vessels. The bile-papilla was prominent. The mouth of the diverticulum of Vater was open and large enough to admit a lead pencil. The common bile duct was open and enlarged to the same size; its walls were thick. The duct of Wirsung opened just within the mouth of the diverticulum and readily admitted a match. A probe was easily passed through the duct nearly to the tail of the pancreas. The lining of the duct was not bile-stained. Neither the diverticulum of Vater nor the ducts contained calculi. The gall-bladder was imbedded in a mass of adhesions, extending between the liver and omentum, forming a dark mass from which foul smelling fluid issued. The external surface of the gall-bladder appeared necrotic; its walls were thick; it contained soft granular material, in all making a mass the size of the finger. The liver weighed four and one-half pounds, and was yellowish in color. The gastro-hepatic omentum contained a pocket of pus, of the size of a hen's egg. No cultures were secured. Sections made subsequently showed numerous bacilli of various sizes on the upper surface of the pancreas. The same surface was covered with granular material, fibrin, and leukocytes.

The capillaries were often dilated and filled with blood. The adjacent part of the pancreas contained an unusual amount of fibrous tissue containing numerous mononuclear cells of various sizes, (partly plasma-cells and mast-cells), also polynuclear leukocytes. The acini of this portion of the pancreas had the appearance of being compressed and atrophied. Small groups of acini, located superficially, failed to take the nuclear stain, and were in some cases nearly disorganized. A single good-sized vein was found which was completely thrombosed. The impression derived from the histological examination, was that the surface of the pancreas next to the lesser peritoneum had been affected for some time by a chronic inflammatory process to which a severe, acute, infectious inflammatory process had recently been added. The

duct of Santorini contained in a few places a small number of polynuclear leukocytes; its epithelium, and the epithelium of its branches, was in good condition. There was no evidence that the inflammatory process had spread to the pancreas through this duct. The deeper portion of the pancreas was normal; the epithelium of the ducts was in good condition; no bacteria were found within or without the ducts. No reasonable doubt can exist that the superficial pancreatitis present in this case was the result of the perforation of the duodenal ulcer immediately over it. The pancreatitis was certainly not the sole cause of death, and was probably not the principal cause.

General Remarks.—The earlier histories of Cases IV. and V. are at least strongly suggestive that the final attack of pancreatitis was not the first attack of pancreatitis from which the patient had suffered; the histology of the cases gives some support to this suggestion. In subjects dying from other causes we have several times seen evidence that some degree of pancreatitis had existed previously.

In a recent paper, W. J. Mayo², in speaking of acute and sub-acute pancreatitis says: "There is undoubtedly an exaggerated idea as to the fatality of fat necrosis." It also appears from the clinical histories that cases may go through their entire course with little indication of infection. Egdahl³ concludes, from experiments performed by him recently, that the collapse symptoms of acute pancreatitis are due to poisons derived from broken down pancreatic tissue, which is similar to the view held by Dobrauer. Guleke⁴ believes that these symptoms are due to absorption of the secretion of the pancreas. Sailer⁵ was unable to demonstrate toxic properties in emulsions of necrosed pancreatitis tissue injected into guinea-pigs. Sailer also produced pancreatitis in dogs by the injection of oil into the duct of Wirsung, with ligation of the duct; the blood of such dogs proved to be toxic for guinea-pigs.

The severity of the symptoms may seem to be out of all proportion to the extent of the lesion, as in Case VI., although it must be admitted that the evidence in this case lacks completeness in the absence of an examination of the brain. In our previous series we reported a case (CASE I.⁶) in which evidence of inflammation and hemorrhage of the pancreas were lacking, but which we now regard as having been necrosis of the pancreas. Inflammatory exudation, hemorrhage, and necrosis of the pancreas seem to be combined in varying proportions in acute pancreatitis.

2. Journal American Medical Association, April 11, 1908.

3. Egdahl. Journal Experimental Medicine, Vol. IX., p. 385.

4. Archiv f. klinische Chirurgie, Vol. LXXXV. p. 615, 1908.

5. Transactions Association American Physicians, 1908.

6. American Journal Medical Sciences, 1895, Vol. CX., p. 251.

Transactions Association American Physicians, 1895, Vol. X.

The necrosis of the whole wall of the duct of Wirsung in Case VI. and the presence of soft, amorphous white substance in it are noteworthy.

Remarks on Etiology.—It now seems certain that the cause of acute pancreatitis is not the same in all cases, and the fact is illustrated by the four reported above. We propose to discuss the most important of the causes that have been suggested, and their bearing upon our cases:

1. Traumatism has been shown to be the cause of acute pancreatitis in a number of instances. Case VII. may conveniently be placed in this group, as the duodenal ulcer practically operated as a mechanical injury, though in combination with infection. Case III. of our previous series we believed to be due to unavoidable manipulation during an operation on the bile-passages.

2. Gallstones. The association of gallstones with pancreatitis has been noted by many writers, although some have denied that any relationship exists. Three of the four cases in this series had gallstones. Egdlah⁷ and Williams and Busch⁸ found gallstones recorded as present in about 40 per cent. of cases of pancreatitis. The mechanism described by Opie⁹ is well known. We could find no evidence that this mechanism operated in any of our four cases. Johnstone¹⁰ has recently described four cases of hemorrhagic pancreatitis in which the duct of Wirsung and the bile-duct opened separately, so that any mechanical relation, with gallstones was obviously impossible. Williams and Busch¹¹ have recently proposed another mechanism to account for the association of pancreatitis with gallstones. They suggest that the passage of a gallstone may so dilate the orifice of the diverticulum of Vater, that intestinal contents may be injected into the duct of Wirsung. This suggestion is not incompatible with the view of Hlava (supported by Flexner's experiments), that pancreatitis may be caused by the injection into the duct of Wirsung of gastric juice.

In our Case VII., the orifice of the diverticulum of Vater was dilated and wide open. The suggestion of Williams and Busch derives a certain amount of support from this case, as it shows that the anatomical conditions required for their mechanism may, in practice, exist; however, the thin wall of the pancreatic duct would probably operate as a valve and prevent injection of intest-

7. Bulletin Johns Hopkins Hospital, Vol. XVIII., 1907.

8. Journal Medical Research, Vol. XVII., 1907.

9. A small gallstone blocking the orifice of the diverticulum of Vater with injection of bile into the duct of Wirsung. Opie. Diseases of Pancreas, J. B. Lippincott & Co., 1903, p. 118.

10. University of Colorado Medical Bulletin, February, 1907.

11. Journal of Medical Research, Vol. XVII., 1907.

inal contents into this duct in many cases. As a matter of fact, although the anatomical conditions in Case VII. seemed perfect for the injection of intestinal contents into the duct of Wirsung, we are convinced that in this case, the pancreatitis was due to the perforation of a duodenal ulcer.

3. Infection is given high rank as a cause of acute pancreatitis by some writers, as will be seen by reference to the recent work of Robson and Cammidge¹².

In our Case VI. there was considerable evidence in favor of the supposition that the pancreatitis arose from infection from the duodenum by way of the duct of Wirsung. In Case VII. which we attribute to the perforation of a duodenal ulcer, infection doubtless played a part, bacteria having access to the surface of the pancreas through the ulcer.

In Cases IV. and V., as in our previous series, although bacteria were present in the pancreas, we are uncertain how much influence they exercised upon the process.

In this connection it may be of interest to refer to the claim of some writers that pancreatitis may be associated with mumps.

4. Gastroduodenal catarrh, with or without the abuse of alcohol, is often mentioned as a cause of pancreatitis. It probably operates indirectly. It was a prominent feature in our Case VI. Egdahl¹³ suggests that intestinal inflammation may close the orifice of the diverticulum of Vater and lead to retrojection of bile.

5. Causes inherent in the pancreas itself.—The sudden onset and rapid course of acute pancreatitis, without adequate explanation in many or most cases, have impelled investigators to look for a cause in some perverted action on the part of the ferments of the pancreas. This class of causes is discussed at length in the paper of Williams and Busch already referred to. The outlook for a solution of the problem along these lines seems the more promising when two other factors are considered. (A). The necrosis of pancreatic tissue usually seen in acute pancreatitis, closely resembles the post-mortem autodigestion of the pancreas seen in ordinary subjects. (B). The fat-necrosis which so commonly accompanies acute pancreatitis has been demonstrated within all reasonable probability to be caused by escape of the fat-splitting ferment of the pancreas.

Causes of this class are not likely to be discovered through pathological anatomy, but will probably need to be worked out by animal experiments.

6. Arteriosclerosis, embolism, and thrombosis of bloodvessels have been suggested as causes; they have not seemed important

12. *The Pancreas, its Surgery and Pathology.* 1907.

13. *Bulletin Johns Hopkins Hospital, Vol. XVIII., 1907.*

factors in our experience. Such thrombosis of bloodvessels as we have seen in our cases, we have regarded as secondary result of the affection of the pancreas. Levin concluded from his recent work on experimental injuries of the pancreas that the effects on the organism were gravest, where the most serious interference with the circulation of the organ was combined with injury¹⁴.

The Bacterial Vaccines in Relation to the Ordinary Pyogenic Processes¹

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I DO not propose to occupy your attention this evening either with an academic discussion of the theories of immunity or with the manner of production of the complex protective substances elaborated by the system, but rather to approach immunity from the standpoint of a practical physician or surgeon called upon to deal with diseases of bacterial origin. Hitherto the therapist has, in many ways, attempted to combat bacterial invasion by the use of the various antiseptics known to destroy micro-organisms in vitro. Believing that it was only necessary to bring the strong antiseptics into contact with the bacteria in order to destroy or, with the weaker solutions, attenuate them, many ingenious methods have been conceived. To generalise: First, they have applied to surface bacterial affections with signal success in some of the more acute cases, but with doubtful benefit in the more chronic conditions, such as sycosis, furunculosis, carbuncles, tuberculosis and acne. Second, they have been administered per oram, either with the hope that they would destroy bacteria present in the intestinal tract or, after absorption, have an attenuating influence upon the infection. Here, however, even the most optimistic of antiseptics can point to only two conditions in which the drugs have had any control whatever over the infection; I refer to syphilis and malaria, and these are diseases of doubtful bacterial origin. Third, they have been projected into the blood stream, with the idea that they would have some effect upon the microorganisms in malignant endocarditis and also, would further influence the infective emboli set free in the blood stream. The success of this last method needs no comment.

In the early days of Listerism the fact that improvement was observed in a septic process after the application of antiseptic

14. *Journal Medical Research*, Vol. XVI., 1907.

1. Read at the Buffalo Academy of Medicine, section on Medicine, May 12, 1908.

dressings, or its irrigation with antibacterial fluids was taken as proof that the antiseptics were responsible for the death of the infecting organism and the return of the patient to health. The consideration that the body fluids were important factors in overcoming local or general infective processes and that the antiseptics might possibly be playing a less important role was lost sight of for the time. The observations however, that all processes were materially benefited by placing the patients under favorable hygienic conditions, by giving them suitable food and tonics, by the use of fomentations instead of cold applications, and by the inducement of localised hyperemia paved the way for our present belief, that all treatment in bacterial infections must be directed to the determination toward the infection of an adequate immunising response within the body itself.

Without further preface, then, may I suggest to you that control of bacterial invasion should be attempted by facilitating with natural stimulation nature's own method of the elimination from the human body of infecting microorganisms. I mean by this the production of immunising substances specifically directed towards the particular infective agent. May I recall to your minds the manner of control among others of enteric fever. I need hardly say that a fatal issue in typhoid is escaped by the production within the body of such immunising substances as the agglutins upon which depend the Widal agglutination test. With the increase of these substances there occurs a corresponding decrease in the severity of the symptoms of the disease. Similarly in pneumonia, by appropriate measures, it can be demonstrated that the crisis is associated with a rapid rise of the protective substances opsonins. In both of these acute conditions the mechanism of immunity has been set in motion by certain stimuli derived from the bacteria themselves and to which I shall presently refer. With respect to the majority of chronic bacterial infections such as sycosis, acne, and furunculosis, there is however but little or no protective response to the infective agent, and the manufacture of immunising substances is minimal in quantity—hence their chronicity.

I have not the space to discuss the many varieties of protective substances, such as the bactericidal substance, the bacteriolysins, the agglutins, et cetera, which bear upon the question of immunity; their actions are very complex ones, and, up to the present, having but little practical application, do not enter into the scope of this paper. I may be allowed however for continuity to briefly define the action and production of the one protective substance upon which rests the foundation of the therapy it is my purpose to discuss. I refer to the opsonins of Wright and Douglas. I need hardly say that for years, and now more than ever so, the phen-

omenon of phagocytosis has been credited with an important function in the control of bacterial infections, but the precise manner by which phagocytosis was brought about, has only comparatively recently been demonstrated.

Wright and Douglas in 1903, by an ingenious technic, showed that phagocytosis was impossible unless the bacteria were first acted upon by some constituent of the blood serum. To this constituent they gave the name opsonins. That is to say that the leukocytes of themselves were unable to phagocyte bacteria unless the latter had been suitably prepared by the opsonins of the blood fluids. By a further elaboration of their technic they demonstrated the feasibility of measuring comparatively the quantity of an opsonin present in any given case. This measurement they designated the opsonic index. What then does this term mean? If I were to say that the opsonic index of a patient the subject of boils was .5, I would mean that his blood contained, as compared with that of a healthy normal individual, but one-half of those substances necessary to combat the staphylococcic infection present. In addition, a study of hundreds of cases has shown that in localised affections such as boils the latter condition obtained, that is that the index was low .6 or .7; and further that with the rise of the index to 1.2 or 1.3 from appropriate therapy, the infection has rapidly subsided. This then is our object—to stimulate by some means those factors which are concerned in the natural protection of the body from bacterial invasion. And it is now proved beyond question that in the dead bodies of the specific bacteria themselves we have preëminently the most potent therapeutical agent to thus stimulate the mechanism of active immunity in certain diseases; that is to say, that where a staphylococcic infection obtains, if we inoculate the subject with an appropriate number of dead staphylococci, the body itself in response elaborates a sufficiency of antibodies or protective substances, to combat the infective process present.

To continue slightly further to the better understanding of the process it might be said that consequent upon either the inoculation of a bacterial vaccine or the introduction within the body of an infective agent, the absorbed protoplasmic cell constituents of the bacteria themselves attack and combine with the receptors of certain of the body cells. If a great number of receptors are attacked and the poison is a virulent one, the whole cell may participate in the death of its receptors, but if, on the other hand, only a limited number are destroyed then the cell replaces these with receptors in excess of the original number. To such an extent may this overcompensation of the receptors reach, that the cell body is unable to retain them all attached to itself. Consequently some are cast off free into the surrounding lymph, constituting

the free antibodies of active immunity. These antibodies then are the protective substances elaborated by the mechanism of immunity in response to the toxic properties of the living or dead bacteria.

I will now pass on to a brief description of the preparation of a vaccine. By the bacteriological methods usually pursued the organism, or in mixed infections the predominating organism, is isolated in pure culture and the opsonic index estimated by Wright's technic. The preparation of the vaccine is next preceded with by inoculating from 4 to 6 tubes of suitable culture-medium with the pure culture. Upon obtaining a sufficient growth the bacteria are freed from the medium by washing with normal saline; the resulting emulsion is allowed to sediment in order to remove any masses or clumps of bacteria present. After sedimentation a small sample is set aside for purposes of standardisation and the remainder sterilised by subjection to a heat of 60 degrees centigrade for one hour. At the expiration of this time, the emulsion is removed and another small portion taken and planted out to prove that devitalisation of the bacteria has been complete. Standardisation of the previously removed sample is then, by an ingenious technic, performed. Granting that the vaccine is sterile it is now ready to be diluted to any convenient and suitable strength; this is a simple matter, normal saline being the diluent to which previously has been added, as a safeguard, .25 per cent. carbolic acid.

In presenting to you the following cases I have been actuated by a desire to bring to your notice as many reports as possible, in the brief time at my disposal. I have therefore refrained from introducing any details that are not absolutely essential to the presentation of the case. Since all the conditions are those that are met with in ordinary routine practice, I have not attempted to enter into technical characteristics but merely to portray them as they appeared to us.

CONDITIONS DUE TO THE STAPHYLOCOCCUS ALBUS AND AUREUS
BOILS AND CARBUNCLES.

CASE I. (B).—The patient, a man aged 49 years, had a carbuncle seven months previously; this was followed up by an uninterrupted series of boils. Upon examination the head was fixed and the whole neck hard, indurated, red and considerably swollen. Pus was expressed from several openings. The condition was of such character that the man had had to give up his employment as telegraph linesman some weeks previous to his first visit to us. His resistance was low, the index being .68. Forty-eight hours after the first inoculation the index was 1.3, the head was freely moveable, the pain and tenderness practically gone. At the end of ten days the neck was clear. There has been

no recurrence. The dose of the vaccine was 100 to 200 millions of the mixed albus and aureus, the proportion of the albus to the aureus being 1 to 4.

CASE 2. (H).—The patient, a man aged 19 years, has been subject for the past ten years to periodic outbreaks of boils. The attacks have always been severe and have been accompanied by considerable pain and constitutional disturbance. The present attack, of three weeks' duration, consists of a series of boils localised to the left forearm and making their appearance in crops. Upon investigation the index was low, being .73. Inoculations were instituted and were accompanied by a rapid rise of the index. Improvement was immediate, recovery being complete in one week. The dose of the vaccine was 100 to 200 millions of the mixed albus and aureus.

CASE 3. (W).—The patient, a man aged 33 years, has had boils almost continuously for the past seven years. They have been of a severe type, accompanied by considerable pain and constitutional disturbance, and have not been localised to any particular situations. The index was low, being .81. Twenty-four hours after the first inoculation the condition was wonderfully improved and rapid recovery ensued. The dose of the vaccine was 100 to 200 millions of the mixed albus and aureus.

CASE 4. (T).—The patient, a man aged 54 years, has for one week suffered from an extremely large carbuncle in the back of the neck. At the time of the first visit the neck was extremely swollen and painful, the head was fixed. A small incision was made and the pus evacuated. His resistance was low, the index being .82. Twenty-four hours after the first inoculation all pain and tenderness had practically gone and the neck was considerably reduced in size. Recovery was complete in one week. There has been no recurrence. The dose of the vaccine was 200 millions of the mixed albus and aureus.

CASE 5. (H).—The present case is of interest in that it has been one of the few which have not quickly responded to treatment. The patient, a man aged 50 years, had a felon on the finger in November, 1906. This was followed by a carbuncle on the adjoining finger. Soon after the appearance of the latter, boils and carbuncles of severe character and accompanied by considerable sloughs, made their appearance on the back and various parts of the body. After these had shown no signs of abating he was inoculated with a vaccine. In June of last year he presented himself to us. At that time he was practically an invalid, boils and carbuncles appearing, at short intervals, all over the body. Upon inoculation improvement was slow, the boils appearing but rarely coming to a head; they were in addition much smaller than formerly, were localised to the back of the neck and were accompanied by very little pain. By the end of January, he was completely under control, the last carbuncle which made its appearance being then aborted. He has had no recurrences. The dose

of the vaccine was 50 to 200 millions of the mixed albus and aureus.

CASE 6. (L).—The patient, a man aged 27 years, gave a history of boils for two months. When first seen he had a very large one on the right buttock and another beginning in the anal region. Upon investigation his index was low. Inoculations were instituted with marked and rapid relief of the larger boil; the smaller was aborted and gave little inconvenience. The condition was cured in one week. There has been no recurrence. The dose of the vaccine was 200 millions of the mixed albus and aureus.

I do not wish to make any comment upon these cases except to say that they were all of great severity and had shown no signs of improvement under other treatment prior to being referred to us. I may also add that the cases mentioned below are all of the same type as the ones just quoted and of equal severity. Of 27 cases of furunculosis treated recently in series in the laboratory twenty-one yielded rapidly to treatment, three were cured under prolonged inoculation and three were materially benefited but not cured. In the same period five cases of carbuncles of extreme severity were treated; of those three were cured rapidly, one resisted for some time and one was much improved but not cured.

SYCOSIS BARBAE.

CASE 1. (R).—The patient, a man aged 30 years, contracted a severe infection two weeks previous to August 10, 1907. The chin was first affected but the condition rapidly extended over both cheeks and down on to the neck. At his first visit to the laboratory the skin was painful, red and thickened with numerous crusts present. His resistance was low, the index being .73. Five days after the first inoculation the infiltration and pain had quite disappeared and a rapid recovery ensued. Subsequently there have been two recurrences at the old sites, but these have rapidly yielded in response to 1 to 2 inoculations. There has been no recurrence in the last six months. The dose of the vaccine was 100 to 200 millions of the mixed albus and aureus.

CASE 2. (E).—This patient, aged 30 years, and at present employed by the hospital, has had an intractable sycosis involving all of the bearded regions of the face. The condition has been present for several years, has resisted hospital treatment during that time both in England and Canada and has been of such severity that the man has not been able to retain any employment. Even in the hospital other employees have refused to share the same room with him. On examination the skin of the face was infiltrated and extremely thickened, presenting a mass of papules and pustules with the formation of large crusts. The index was low, being .63. At the end of two months' treatment the face was almost clear and at the end of five months completely so. One recurrence has since been noted, but this rapidly sub-

sided upon a few inoculations. The dose of the vaccine was 200 millions of the mixed albus and aureus.

CASE 3. (G).—This patient, a man aged 28 years, became infected prior to his departure from England. When he was transferred to us from the skin department the condition had been present three months and was of a very severe type. The whole face was a mass of pustules and crusts; in addition a bad pyorrhea alveolaris existed. The index was low, being .74. Forty-eight hours after the first inoculation the patient stated that he was decidedly better, that there was less pain and burning and that he was more comfortable. Improvement was rapid and in less than two months the face was quite clear. There has been no recurrence.

It is interesting merely as a coincidence to note that the pyorrhea alveolaris improved considerably under the vaccine. The dose of the vaccine was 100 to 200 millions of the mixed albus and aureus.

CASE 4. (K).—This patient was one of the worst and most intractable cases in our experience. He had had the condition for many years and had never found any benefit from the various treatments instituted. The skin itself was in a deplorable condition, great masses of crusts covering the whole swollen surface. The index was low, being .61. Improvement was steady from the time of the first inoculation but the skin was not clear until four months treatment had been given. There have been no recurrences. The dose of the vaccine was 100 to 200 millions of the mixed albus and aureus.

In commenting upon sycosis it may be said that in it the vaccine therapy has had its most striking results. In cases pronounced hopeless after years of treatment, the improvement after inoculations has been pronounced, and, in the majority of cases, comparatively rapid. I may say that after the inoculations have been instituted all other treatment has been discontinued, except that in the beginning warm moist dressings of boracic acid have been applied to allay discomfort.

ACNE.

CASE 1. (G).—This patient, a school girl, presented herself to us for treatment in March last, suffering from acne indurata of two years' standing. She had been under continuous treatment during that period with no signs of improvement whatever. The condition was present on both sides of the nostrils. The skin of the face looked unhealthy, having a bluish tinge. Hard indurated areas were present and these from time to time were accustomed to break down and to discharge pus. Five weeks after inoculation the improvement was marked, in ten weeks the process had completely subsided and the complexion of the face was clear and healthy. The dose of the vaccine was 15 to 20 millions of the albus.

CASE 2. (K).—This patient, a man, had acne of the face for years. At the time of the inspection the face was covered with spots, from many of which pus was able to be expressed. There were but few comedones to be seen. Cultures revealed an albus. Inoculations were begun and fourteen days later the face was quite clear. The dose of the vaccine was 15 to 25 millions of the albus.

CASE 3. (F).—This patient has been subject to acne of the face for two years. On the face were many pustular spots and comedones to be seen; the case was a severe one. An albus was obtained and a vaccine prepared. After the third inoculation the condition had improved considerably in that there were fewer pustular spots and the skin had a more healthy appearance. Cure was complete in five weeks. The dose of the vaccine was 15 to 25 millions of the albus.

I may say that in acne the vaccines obtain some of their most striking results as well as some of their most striking failures. If an albus can be isolated from the pustular spots the prognosis is more favorable. Frequently, however, no growth can be obtained. Those cases due to the bacillus of acne present an unfavorable prognosis unless the bacillus can be obtained and a vaccine prepared. In every case the prognosis must be guarded.

CONDITIONS DUE TO THE STREPTOCOCCIC INFECTIONS.

CASE I. (A).—This patient was a well nourished man of 35 years of age. The following conditions were observed at our first examination. First, a varicose ulcer of ten months standing with a free discharge. Second, two septic incision wounds above the ulcer and consequent upon a phlebectomy performed five weeks previously for relief of the ulcer. Third, a swelling, red and indurated, one inch in diameter, situated over the external malleolus of the same leg and opened three days previously. A staphylococcus pyogenus aureus was demonstrated in the ulcer and stitch wounds. The index was .86. Upon inoculation improvement was rapid except in the swelling over the malleolus. At this time another swelling made its appearance in the back of the leg; it extended with astonishing rapidity and soon broke down. Cultures from this latter and from the malleolar process revealed a streptococcus. A vaccine was prepared. At the time of the first inoculation with the streptococcic vaccine the leg was in the following condition: first, the ulcer was almost well and had very little discharge. Second, the lower incision wound was closed. Third, the upper wound was closed except in the upper one-half inch. Fourth, the swelling over the malleolus, now two inches in diameter, red and angry looking, had a free discharge. Fifth, the whole back of the leg was hard and indurated, with numerous areas breaking down; there were also two openings present with pus discharging freely. The whole leg was extremely swollen from two inches above the knee down to and in-

cluding the ankle. The pain and tenderness was extreme. Twenty-four hours after the first inoculation of the streptococcic vaccine the change was remarkable, the swelling was markedly reduced, the pain and tenderness practically gone, the patient was comfortable. At the end of eight days the leg was almost free from the streptococcic infection; the ulcer had ceased to discharge and soon healed over after the application of an Unna's dressing. The upper incision closed upon the removal of an old suture. The dose of the vaccines were 100 to 200 millions of the mixed albus and aureus, and 5 to 10 millions of his own streptococci.

CASE 2. (M).—This patient was a case of acute empyema which had been operated upon eight weeks previous to our first visit. At that time a sinus was seen with a considerable but not profuse discharge. The lung had expanded. A streptococcus was observed in the cultures and a vaccine was prepared. At the end of one week the discharge had ceased and the sinus closed. The dose of the vaccine was 10 millions of his own streptococci.

CASE 3. (C).—The patient sustained an injury to the foot three months prior to treatment. A septic condition supervened involving the plantar surface of the foot. Two operations were performed but did not stop the process. Further operative procedure was postponed for fear of destroying the arch of the foot and pending the use of the vaccines. At the time of observation the foot was swollen and a sinus discharging a considerable amount of pus was seen. A streptococcus was isolated and a vaccine prepared. Six weeks later the pain and tenderness had completely disappeared and the sinus nearly closed. The recovery was uneventful. The dose of the vaccine was 10 millions of his own streptococci.

CASE 4. (B).—This patient had been suffering from a chronic osteomyelitis of the jaw for ten weeks. Two operations had been performed but were necessarily limited on account of the proximity of the mandibular articulation. Cultures revealed a streptococcus. Upon inoculation the process subsided in nineteen days. The dose of the vaccine was 10 millions of his own streptococci.

CASE 5. (S).—This patient, a man aged 48 years, had had a severe attack of erysipelas nine weeks prior to his first visit to us. Two weeks previously a swelling appeared over the left mastoid; this soon broke down and discharged pus. At the time of visit the swelling was about two inches in diameter, strictly localised, red and painful, and with a profuse discharge; the head was fixed. Presuming the infection to be staphylococcic he was inoculated with that vaccine, but a culture was also taken. He showed no improvement and upon investigation a streptococcus was isolated from the culture and a vaccine was prepared. Twenty-four hours after the first inoculation with the latter vaccine the pain was markedly diminished, the discharge less and the head freely movable. He made a rapid recovery in one week. The dose of the vaccine was 10 millions of his own streptococci.

CASE 6. (G).—This patient, a man aged 35 years, knocked his shin against an obstruction two weeks previous to our first visit. A small abrasion resulted. This soon became sore and angry looking. At the time of the first observation the surface surrounding the abrasion was edematous and bluish black in color. There was considerable undermining present and a profuse discharge with considerable amount of sloughing to be seen. The temperature was 103° and the leg in a grave condition. Cultures were taken and a streptococcus vaccine prepared. At the time of the first inoculation the leg and thigh were extremely swollen and edematous, pus was burrowing in all directions along the muscular and fascial planes, and numerous incisions were present for its exit; an erysipelatous condition was extending rapidly over the surface of the abdomen from the thigh; numerous pyemic abscesses were present in all parts of the body; all hypodermic injections and even slight bruises were followed by the rapid formations of abscesses. The man was in a semicomatose state, the temperature being 105.5 . Subsequent to inoculation the temperature dropped to 102° , the man became rational and stated that he felt better. The redness over the abdomen ceased to spread and became less marked in color; abscesses ceased to form about the needle punctures. He was held in this condition for eight days when he gradually sank and died. The dose of the vaccine was 5 to 10 millions of his own streptococci.

CONDITIONS DUE TO THE PSEUDO-DIPHTHERIA.

CASE 1. (W).—This patient, a man aged 20 years, suffering from an empyema subsequent to influenza, came under observation four weeks after operation. Cultures demonstrated a pseudo-diphtheria bacillus and a vaccine was prepared. At the time of the first inoculation the temperature was 101° , the discharge profuse, the patient feeling ill and irritable, with no appetite. Forty-eight hours after inoculation the temperature was normal, the discharge less and the patient was feeling better in every way. The improvement was rapid and constant, the lung expanding with the decrease of the discharge. The dose of the vaccine was 50 to 100 millions of his own pseudo-diphtheria bacilli.

CASE 2. (J).—This case presented the same history as the preceding one—namely, empyema following an attack of influenza. An organism resembling the one in the previous case was isolated from an extremely mixed infection and a vaccine was prepared. The improvement in this case was correspondingly marked except that the temperature did not remain normal, rising subsequently to the first fall to between 99° and 100° . The odor of the discharge however disappeared and the same feeling of physical fitness obtained. The lung in this case did not expand as it did in the former case and the improvement was less marked. The dose of the vaccine was 100 to 200 millions of his own pseudo-diphtheria bacilli.

Before closing these cases I would like to draw your attention to the marked physical improvement of the patients. Thirty hours

after inoculation they both felt considerably improved, they looked better, their appetites were good and they were more cheerful. They increased in weight to a marked extent. I would also like here to urge the dictum, that in all cases of empyema, cultures should be made at the time of the diagnostic aspiration, thus avoiding the trouble and difficulty of isolating the predominating organism from a very mixed infection such as obtained in each of these two cases.

In conclusion, it may be said that in staphylococcic infections the efficacy of the vaccines is, in our minds, beyond question. The results have been so uniformly satisfactory in boils, carbuncles, septic infections following wounds, sycosis, felons and the like, that we feel no hesitation in advocating, that we have in them the most valuable assets at our disposal today. In regard to the vaccine itself, there can be no doubt that a stock vaccine is here possible, but I would like to point out that every staphylococcic vaccine is not suited to be used as a stock vaccine. It is rarely we find one which gives uniform and satisfactory results in all cases, in addition the dosage of almost every vaccine varies considerably; it is only after repeated trials that we either adopt a vaccine or settle upon the appropriate dose. Again every case has to be considered from other standpoints than that of vaccination. The question of the isolation of the focus from the influence of the body fluids must be considered; it is manifestly impossible for the protective substances to have any influence upon a focus walled in by a thick pyogenic membrane; again, any patient who is in a pronounced anemic condition can scarcely be expected to respond to inoculation since those factors which have to do with the manufacture of the protective antibodies are evidently suffering with the general body depression. Finally, the question of the clotting power of the blood must be born in mind; frequently cases with a high clotting power do not respond satisfactorily until this has been lowered by appropriate means. In regard to the streptococcic infections we must assert that, with the exception of the streptococcus erysipielatis, a stock vaccine, in our opinion, is valueless. Polyvalent vaccines composed of strains of bacteria, that have been of the greatest benefit in their specific cases, have proved of no avail whatever when used indiscriminately.

Finally, in the employment of the bacterial vaccines problems are encountered as variable and as difficult as those met with in medicine and surgery. No set rules can be laid down to guide us, no adherence to any one line of treatment will ever be followed by successful results. In the application of this new therapy the underlying fundamental principle must not be lost sight of, it must not be forgotten that we are fighting the mischief not directly

but indirectly, that the body itself is the chief factor in the fight and that if it be not in a fit condition no stimulation supplied by us will evoke a fitting response in it. And lastly the use of the bacterial vaccines or of any other immunising procedure must never be looked upon as something standing apart or alone, but rather as an adjunct to those other treatments at our command, and always as subservient to sound and practical clinical experience and observation.

327 DELAWARE AVENUE.

Stanford Emerson Chaille.

AN ADDRESS DELIVERED ON THE OCCASION OF THE CHAILLE JUBILEE,
AT NEW ORLEANS, MAY 19, 1908.

By LEWIS S. McMURTRY, A. M., M. D., Louisville, Ky.

Ladies and Gentlemen: To the student of Roman history the age of Augustus is both notable and distinguished. In that golden era all that was greatest in science, art and literature was apparently achieved. To the future historian of the natural and physical sciences the present age will be marked by hitherto unequaled accomplishments, and will ever remain the golden era of discovery and practical achievement in those sciences. Ours is indeed the Augustan age of science. It has chained the lightning, girdled the earth with a net-work of wires, transmits both the spoken and written word from house to house, from continent to continent, utilises the unseen currents of the atmosphere, and has made everything organic and inorganic subservient to its convenience and enjoyment. An age of such marvelous works must ever be preëminent in the history of the world's progress.

The science of medicine is closely allied to the natural and physical sciences, as is indicated by that old and familiar appellation "physician," meaning in its broadest sense a student of nature. Indeed the sciences of biology, chemistry and physics supply the very foundation of the science and art of medicine. Hence, it is only a natural sequence that an age of such wonderful achievement in these fundamental sciences should be equally prolific in the advancement of all the departments of medical science. The researches of Pasteur in biology provided the basis for the era-making discoveries of Lister, Semmelweiss and Koch; the marvelous practical application of electricity found its expression in medicine in the Röntgen ray, and the study of insect life culminated in the conquest of the greatest plague of modern times. All these great achievements, revolutionising within a decade established teaching and accepted practice, have made modern medicine and surgery the crowning glory of pure and

applied science. So brilliant and salutary are the results of modern medicine in its application to the cure and prevention of disease, that even a brief mention of them would transcend the time limit of this occasion.

To the superficial observer it would appear that our predecessors from the age of Hippocrates down to the latter half of the nineteenth century had lived in vain, and that all true science emanated from our own times. But it is not so. All knowledge is progressive and marches by slow degrees. Moreover, all knowledge is correlated, and a single observation of nature's work, apparently insignificant, may in time lead to important discoveries. The achievements of medicine in our time are marvelous indeed, but the foundations of medical science were laid deep and strong before the beginning of the nineteenth century. Bichat and Malgaigne preceded Virchow and Koch; Sydenham, Louis and Trousseau prepared the way for Von Ziemssen and Osler; Ambroise Paré, Hunter and Brodie were needed for the development of Velpeau, Paget, Syme, Gross, Billroth, Sims, Langenbeck, and Lister. These men, and many others, working through the centuries, developed and established the scientific methods of study and investigation out of which sprang the marvels of our own boasted age. The work of medical science is enormous. It is incessant. It is continuous. It consists of research, development, demonstration, experimentation, application and diffusion. It requires an army of workers, directed by many master minds. Our age is fortunate in enjoying the perfection in brilliant results by modern masters of the devoted labors of our predecessors throughout the centuries.

During this epoch-making half-century the worthy recipient of the honors of this occasion has devoted his superb talents and energies to this great profession. Stanford Emerson Chaillé was born in Mississippi; educated in Massachusetts, receiving the A. B., degree from Harvard University in 1851. Coming immediately from Harvard to this University, he received the degree of Doctor in Medicine here in 1853. In 1858 he was elected Demonstrator of Anatomy in the Medical Department of the University of Louisiana. In 1860 and 1861 he pursued post-graduate studies in Paris, devoting himself especially to physiology in the laboratory of Claude Bernard. In those days Paris was universally recognised as the medical center of the civilised world, and Bernard was the greatest physiologist of his age. At the outbreak of the Civil War, Dr. Chaillé returned to his adopted home in New Orleans, and at once entered the Southern Army, first as a private and later as Surgeon and Medical Inspector serving until the close of the war in 1865. He returned immediately to New Orleans and to the University, taking up his labors as a teacher

in the Medical Department. In 1866 he returned to Paris and resumed his studies with Professor Bernard. It was here that he received his inspiration for his future brilliant career as a teacher of physiology. In 1867 he returned to New Orleans and entered upon his life work as Professor of Physiology and Pathological Anatomy, which chair he has occupied continuously until the present time.

During all these years Dr. Chaillé has been one of the foremost citizens of Louisiana. With an active mind, stored with scientific and practical knowledge; with unbounded energy; with an innate love of justice and truth; deeply imbued with civic pride and patriotism, his influence has been wielded incessantly for the upbuilding and advancement of this city and state. His fund of knowledge is not only broad, but exceptionally accurate and thorough. Both by nature and training he is possessed of the scientific spirit, which searches always for truth. An authority of national repute in state medicines and sanitary science, his services have ever been invoked and given to protect the health and lives and welfare of the people. In 1885, by appointment of the President of the United States, his expert knowledge on State Medicine was utilised in work of national scope. The clauses relating to State Medicine in the Louisiana Constitution of 1879, and the excellent laws embraced in the code of this state were formulated by him and enacted through his influence.

As I know Dr. Chaillé best as a teacher it is appropriate that I speak of him particularly as such. This is, after all, his chief life work. His preëminence as a teacher is due to several causes. His mental temperament, as well as his early training, fitted him especially for the important branch of medical science to which he has devoted his life. A pupil of Bernard, he received in early life the training so essential. He is always master of the subject under consideration. To my mind, however, his power comes from that greatest accomplishment a teacher can possess, an unusual gift,—the power to impart knowledge. His enthusiasm regarding his subject is contagious; his earnestness inspires, and his capacity to simplify complex subjects is unsurpassed. His personality is intimately associated in the minds of his pupils with his teaching. I have heard many teachers in medicine; I have visited many schools of medicine in both this country and Europe, besides having been a teacher for twenty years, and I am pleased to say that I have never known any one so *impressive*, or who imparts to the student so much knowledge as a permanent possession, as does the honored master of this occasion.

It is a great and noble work to apply at the bedside and in the operating room the life-giving resources of medicine and surgery. But how much greater to altogether prevent the existence of a

mortal disease than to cure single cases of such a malady! Likewise, how transcendent is the work of annually preparing one hundred men to send forward on a life of usefulness in the cause of humanity. Such is the function of the capable and conscientious teacher of medicine.

Dr. Chaillé: In behalf of the three thousand alumni of the Medical Department of the University to which you have given so many years of your useful life, and as one of your old pupils, I bring you our congratulations and affectionate greetings. The new building of the medical department on the University Campus, the new Richardson Memorial, was appropriately dedicated by you this afternoon. Its foundation cannot be stronger than the ties of appreciation and affection which exist for you in this community, nor deeper than the respect and esteem in which you are held by the medical profession of America. The very life of the medical department is in its alumni. The world, perhaps rightly, judges by results; and the professional public demands an ever advancing standard of proficiency. The present high standing and assured progress of this department is the result of the labors of yourself and your colleagues during the years of your devoted service. A majority of your distinguished colleagues of the present faculty have been your pupils, likewise the junior instructors; and throughout the length and breadth of the land hundreds who have followed your teaching are in the honorable pursuit of their profession. The influence of such a life work is incalculable. You have indeed erected a monument more durable than brass. I congratulate you upon all that has gone before, and also upon the present. It is all beautiful. It is as it should be: "honor to whom honor is due."

THE ATHERTON.

METHOD OF THE SPREAD OF YELLOW FEVER.

COL. W. C. GORGAS, Chief Sanitary Officer of the Panama Canal Commission, Ancon, Canal Zone, (*Medical Record*, June 27, 1908,) after his careful studies of the origin of yellow fever and its methods of spreading at Havana and in Panama concludes that as long as the number of *stegomyia* mosquitos is above a certain point the disease will spread, but when, by fumigation and isolation of the sick, it falls below that figure the disease will cease to spread and come under control. A certain number of infected mosquitos must escape fumigation but seem to do no harm. He gives arguments from his experience to support the view advanced.

TOPICS OF PUBLIC INTEREST.

Buffalo to Fight Tuberculosis

Free Open Air Camp for Consumptives

TWENTY men of Buffalo have guaranteed enough money to maintain a free open-air camp for consumptives for five months beginning on July 1st. The camp will be located on the outskirts of the city and will accommodate about 30 tuberculosis patients. It is expected to be the nucleus of a municipal tuberculosis hospital in which all the charities of the city may unite next year.

Dr. John H. Pryor, former superintendent of the state hospital for incipient tuberculosis at Raybrook, will supervise the camp, which will be in direct charge of Dr. George J. Eckel. Dr. Eckel has just made a visit to tuberculosis camps in some of the large cities and has gathered ideas.

The camp patients will be selected at the Fitch Dispensary every afternoon from 4 to 5 o'clock. Those who have no suitable accommodations to live in the open air in their homes will have preference. When a patient is accepted his family will be examined, and any members who show signs of the white plague in its incipient stages will be hustled to Raybrook.

Each morning for five months, beginning on July 1, the patients will be taken to the camp on a trolley car. They will be fed three meals a day there and will live in the open air. A building will give shelter in case of storm. Any patients seriously ill can stay over night in charge of a nurse. In this way it is hoped to start a fight against the white plague, which carries off its hundreds in Buffalo alone every year and 50,000 in New York State. By demonstrating the open-air treatment and detecting exposed cases while they are in the incipient stages, the most good can be accomplished.

Robert K. Root is president of the camp and a member of the executive committee, which includes A. D. Watson, Chauncey Hamlin, Thomas B. Lockwood and Irving P. Underhill. Mr. Underhill is secretary and treasurer of the organization and any contributions to the fund should be sent to him in the Prudential building.

Just now the camp wants some equipment. Reclining chairs, steamer chairs, blankets and tents are in demand, and anyone who can donate any such to the work should send to the Fitch building at Swan and Michigan streets. It is estimated it will cost about \$5,000 to run the camp this summer. The work of raising the money was started a month or more ago and it was announced at a meeting of the finance committee held recently that all

the money has been guaranteed. The committee on site is now considering several locations which have been offered. When the camp is organised visitors will be received at any time to see the demonstration of the open-air treatment. The physicians say there is never danger of infection when the cases are handled properly.

These men are on the finance committee and have made the work possible: Robert K. Root, Howard A. Forman, William A. Douglas, Joseph P. Dudley, Chauncey J. Hamlin, Arnold Watson, Harry D. Williams, Richard Lyman, H. M. Gerrans, Eugene C. Roberts, Hugh Kennedy, Thomas B. Lockwood, Irving Underhill, William H. Fitzpatrick, Alderman John P. Sullivan, Dudley Irwin, Ralph Plumb, Harry D. Kirkover, A. Conger Goodyear, E. H. Webster, Henry Vom Berge, Hans Schmidt, Walter P. Cooke, Carl C. Machemer, John B. Williams, Robert W. Chapin, Charles B. Sears, George A. Lewis, E. L. Koons and W. Caryl Ely.

Representation of the Profession in Legislative Bodies

[Cleveland Medical Journal, June, 1908]

THE candidacy of Charles A. L. Reed, of Cincinnati, for a seat in the United States Senate should appeal to every one who believes that the medical profession should have representation in our legislative bodies so that the necessity for legislation dealing with hygienic measures affecting the health of the whole nation can be properly and intelligently emphasised. At present Ohio is misrepresented in the United States Senate by two men whose records are of the most unstatesmanlike character. It is in the place of one of these, Senator Foraker, whose term expires next March, that the friends of Dr. Reed hope to see him given an opportunity to exercise his wide experience of public affairs. Between these two men there should be no doubt in the minds of physicians as to which would be more preferable. Senator Foraker's attitude towards the profession and toward all that it stands for is too well known to require explanation.

The qualifications of Dr. Reed for such a position and the value that his services would prove to the public at large are shown by what he has already accomplished. The passage of the Pure Food and Drug Bill was in no small degree due to his personal efforts when, as chairman of the Committee on Medical Legislation of the American Medical Association, he appeared before a committee of Congress to urge the adoption of this all-important measure. He has rendered valuable public service on numerous other occasions, such for instance as representing the United States at several International Congresses. His reports upon conditions in Panama when he acted as Special Commissioner

to President Roosevelt created widespread interest and led to many important reforms.

The presence of such a representative in the United States Senate would be of the utmost value in furthering the enactment of much-needed legislation, such for example as the organisation of a National Department of Public Health. The average politician utterly fails to understand the necessity for such measures and the personnel of the United States Senate would be vastly improved by the infusion of a little new blood of a variety somewhat different from that pertaining to those members who, although eminently fitted to direct legislation favorable to certain interests they represent, do not seem to realise the value of hygienic measures directed to the public good or oppose legislation of this sort for such selfish reasons as they exhibited in opposing the Pure Food and Drug Bill and the Child Labor Bill.

It is a great pity that the election of United States Senators in this State is not directly in the hands of the people. If such were the case party lines could be much more easily ignored, and the election of such a man as Dr. Reed, as compared with either of our present Senators, rendered far more likely than it is under the present system. The question is not one of party politics at all, else we should not interfere, but it is one that appeals to all fair minded persons interested in such a legislative program as has been approved by the American Medical Association and the Ohio State Medical Association.

RELATION OF TUBERCULOUS COWS TO TUBERCULOSIS IN CHILDREN.—William Leland Stowell of New York, describes the results of the feeding of the children of some of the wards of the City Hospital for Children on Ward's Island. (*Medical Record*), on milk from a city herd that was afterward ascertained to be tuberculous. The herd was tested and all the animals in it had to be killed as the test showed some degree of tuberculous infection in all. All the children who had been fed on this milk were tested by the ophthalmo-reaction, seventy-seven in all. Of these nineteen reacted; thirteen were surgical cases of tuberculosis; and three were not suspected of tuberculosis. The author concludes that fresh, clean milk is more wholesome than pasteurised milk. The danger of infection from tuberculous milk is very slight. Less than ten per cent. mortality in the whole hospital was due to tuberculosis.

In persons who have had malaria any operation which taxes the vital powers may provoke a recurrence, and it is important to differentiate the resulting fever from that due to a septic process.—*International Jour. Surgery*.

BUFFALO MEDICAL JOURNAL.

A Monthly Review of Medicine and Surgery.

EDITOR:

WILLIAM WARREN POTTER, M. D.

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THE sixty-second annual commencement of the department of medicine, the twenty-first annual commencement of the department of pharmacy, the twentieth annual commencement of the department of law and the fifteenth annual commencement of the department of dentistry of the University of Buffalo took place at the Teck theater, Friday, May 29, 1908, at 11 A. M. The preliminary announcement of the exercises during commencement week was published in the June issue of the JOURNAL. The magazine, however, went to press too early to give the full proceedings, hence we take pleasure in publishing them in this edition.

ALUMNI ASSOCIATION.

The Alumni Association of the medical department held its thirty-third annual meeting during Tuesday, Wednesday and Thursday, May 26, 27, and 28, 1908. The program for Tuesday evening, May 26, was as follows: at 8.00 P. M., the classes of '48, '58, '68, '78, '83, '88 and '98 met in the college building for organisation and registration; at 8.30 P. M., the association transacted routine business and elected officers for the ensuing year; at 9.00 P. M., vice-chancellor Charles P. Norton welcomed the classes in reunion and the association, and told more about Buffalo's Greater University. President Allen A. Jones, '89, delivered the annual address; Dr. Earl P. Lothrop, '94, described the Emanuel Church Movement of Boston; Dr. Frederick C. Busch, '97, Professor of Physiology, reviewed recent discoveries in physiology. At 10.30 P. M., an informal reception by the Faculty of the department was held. At 11 P. M., a smoker was held in the Library of the College at which light refreshments were served.

The officers elected for the ensuing year were: president, Albert T. Lytle, '93; first vice-president, Fitch H. Van Orsdale, '91, Belmont; second vice-president, Charles L. Preisch, '98, Lockport; third vice-president, W. H. Knickerbocker, '97, Geneva; fourth vice-president, Alice Bennett, '90; fifth vice-president, Ross G. Loop, '97, Elmira; treasurer, Herman K. DeGroat, '97, and Franklin W. Barrows, '93, secretary. The executive committee will consist of Marshall Clinton, '95; Fred G. Parmenter, '03; Lawrence Hendee, '97, and Albert T. Lytle and Eli H. Long, as ex-officio members.

Beginning Wednesday morning the museum of pathology was established under the supervision of Drs. Williams, Gibson and Busch, in which specimens, preparations and photographs were exhibited. During Wednesday and Thursday clinics were held at the several hospitals in accordance with a carefully prepared schedule. Wednesday evening, May 27, was set aside as a fraternity night. The several secret societies of the under classmen, the "I. C. I.," the "A. O. D.," the "O. U. P.," and the "N. S. N.," each prepared a program and issued invitations to the visiting alumni. Thursday evening, May 28, was called free lance night, during which class dinners, smokers and theater parties were given.

UNIVERSITY DAY.

The annual commencements of the several departments of medicine, pharmacy, law and dentistry were held at the Teck theater, Friday, May 29, 1908, commencing at 11 o'clock in the morning. The theater was filled with friends of the graduates and gay with the university colors and masses of flowers.

The program was made up of orchestral music, "Alma Mater" sung by the student body, prayer by Rev. Richard Earle Locke, pastor of Calvary Presbyterian Church, the conferring of degrees and announcement of honors, the address to the graduates by Rev. Samuel Van Vranken Holmes, D. D., pastor of the Westminister Church, and the benediction by Rev. Mr. Locke.

The vice-chancellor, Charles P. Norton, Esq., presided and conferred degrees upon one hundred and twenty-one graduates, thirty-seven of whom received the degree of doctor of medicine, 30 were given the degree of LL. B., 30 became bachelors of pharmacy and 24 received the degree of doctor of dental surgery. In addition to degrees awarded to younger men, the degree of master of laws was awarded to six.

In the department of medicine, in the illness of Dr. Matthew D. Mann, dean of the college, the hippocratic oath was administered by Dr. Charles Cary, who also announced the class honors. The presentation of degrees was by Dr. Eli H. Long. These were the honor men: first, Clayton Halsey Snover; second, Hugh B.

Deegan; third, John Henry Evans; fourth, Joseph Albert Gregory.

The graduates in medicine were:

Arnold, Douglas Perkins, 845 Richmond Ave., Buffalo; Boro-wiak, Stanislaus Nicholas, 69 Rother Ave., Buffalo; Brennan, Joseph Patrick, 59 Cleveland Ave., Buffalo; Brumberg, David, 31 Walnut St., Buffalo; Cott, Chester Charles, 330 Depew Ave., Buffalo; Deegan, Hugh B., Dansville, N. Y.; Ende, Edward Henry, 535 Clinton St., Buffalo; Eschelmann, Karl Ferdinand, D. D. S., 421 Franklin St., Buffalo; Evans, John Henry, Machias, N. Y.; Gianfranceschi, Joseph Shem, 338 Seneca St., Buffalo; Gow, Edward Cochrane, Schuylerville, N. Y.; Greene, Christiana Marion, 152 Bird Ave., Buffalo; Gregory, Joseph Albert, 149 Riley St., Buffalo; Gunn, Lee, Hamburg, N. Y.; Haenszel, Allen Lee, 316 Landon St., Buffalo; Hahl, Arthur Otto, 82 Monroe St., Buffalo; Hummell, Harry Charles, Lancaster, N. Y.; Jacobs, William F., 89 Riley St., Buffalo; Lawler, Arthur V., 600 W. Clinton St., Elmira N. Y.; McKee, Otto Sexsmith, Ph. B., Lockport, N. Y.; Maichle, Robert Jacob, Cohocton, N. Y.; Reusch, George F., Belfast, N. Y.; Reynolds, George Goff, 305 Desmond St., Sayre, Pa.; Richman, Raynauld D., Morton, N. Y.; Roe, Jesse Nathaniel, 97 High St., Buffalo; Ryan, John F., 83 N. Division St., Buffalo; Seyse, Arthur L., Strykersville, N. Y.; Snover, Clayton Halsey, Steamburg, N. Y.; Stesel, George Augustus, 72 Goodrich St., Buffalo; Stowe, John Gurney, 758 Elmwood Ave., Buffalo; Terrasse, Frederick, 140 Locust St., Buffalo; Valanti, Frank A., 286 Front Ave., Buffalo; Van Campen, Benjamin, A. B., 122 N. First St., Olean, N. Y.; Waters, LaVerne Francis, Medina, N. Y.; Williamson, Claude Cobb, Clifton Springs, N. Y.; Wright, Frederick L., 374 Summer St., Buffalo; Wurtz, Walter J. M., 91 Krettner St., Buffalo.

Prizes were also awarded in the departments of pharmacy, law and dentistry. Upon conclusion of the exercises at the theater the faculty of the medical department received the graduates, their friends and the alumni at the University club where luncheon was served.

FRATERNITY Night May 27, was observed with banquets and reunions by all the fraternities connected with the University of Buffalo. The I. C. I. Chapter of the Nu Sigma Nu Fraternity met in the Chapter House, 97 High street, where an excellent program of speeches was presented. Dr. Charles G. Stockton presided, and among the other speakers were Allen A. Jones, Albert T. Lytle, James W. Putnam, Roswell Park, Herbert U. Williams, Ernest Wende, Walter D. Greene and William C. Phelps.

Two reunions of medical classes of the university were held May 28, 1908, that of the class of '88 at the University Club and that of the class of '98 at the Hotel Statler. At the former, attended by 12 members, Dr. George H. McMichael, president, acted as toastmaster, the following officers being elected: president, Henry C. Buswell; vice-presidents, Charles Sumner Jones, and H. L. Hunt, of Orchard Park; secretary, C. Clark Ernest; executive committee, W. Henry Woodbury, Edwin L. Wood of Dansville, John J. Finerty, E. N. Pfohl and George H. McMichael.

President T. H. McKee presided over the banquet of the class of '98, for which 52 covers were laid. Four women physicians were present: W. M. Tompkins, New York; Edith W. Stewart, Hume, N. Y.; Loretta Wooden-Turner, Rochester, and Annie May Cheny-Spofford, Batavia, N. Y.

HENRY PHIPPS, of Pittsburg and New York, just prior to sailing for Europe June 13, 1908, according to an associated press despatch, arranged for a gift to Johns Hopkins Hospital and University for the founding of a psychiatric clinic, on the lines of well known similar institutions in Europe. It will be the first of its kind with adequate equipment and support in connection with a large hospital and university in this country.

The funds provide for the construction of a four-story hospital building on the Hopkins Hospital grounds to accommodate sixty patients, together with rooms for private patients, modern apparatus for use in the treatment of patients, and laboratories for the scientific investigation of mental abnormalities by pathological, chemical and psychological methods. In addition, Mr. Phipps will provide for the maintenance of a medical and nursing staff of a high order, including salaries for a professor of psychiatry and assistants and other expenses for a period of ten years. The total amount of the gift is withheld, in accordance with the wishes of Mr. Phipps, but it is understood that it will considerably exceed \$500,000. Mr. Phipps makes the gift upon his own initiative.

Dr. Adolph Meyer, professor of psychiatry in the medical department of Cornell University, New York, has been elected to the directorship of this recently founded psychiatric clinic and to the professorship of psychiatry. Dr. Meyer has accepted.

WOMEN medical students are winning laurels this year. Miss Jeannette Miller, of Massillon, Ohio, has just been graduated with the highest honors of her class from the Cleveland College of Physicians and Surgeons. The day after her graduation Dr. Miller took charge of the Maternity Dispensary Hospital in Cleveland. She will remain there three months and then engage in private practice.

For the first time in several years a woman graduate delivered the valedictory address for the graduating class of the Eclectic College of New York. Her name is Miss Stella Schaffer, and she is also the winner of the electrotherapeutic prize—an electric battery.

A woman from far off Cavite, in the Philippines, Miss Olive Salamanca, carried off the Agnes B. Robinson-Mesner prize in anatomy, given on competitive examination to a student of the second year at the Philadelphia Woman's Medical College. Miss Ethel Das, who comes from Ferozepore, a town in the foothills of the Himalayas, near Lahore, is another member of Miss Salamanca's class. Both of these young women will go back to their native countries to practise medicine.

A BULLETIN of the Connecticut State Board of Health recently issued calls attention to the dangerous character of the ordinary house fly, justly accusing that busy insect of all manner of offences against the public health. The secretary of the board says: "We have had occasion frequently to comment in the columns of this bulletin on the cause and prevention of typhoid fever, and, so long as this disease continues to be a living issue among us, we shall continue to do so. Water, milk, oysters and flies have at different times been spoken of as means of spreading this disease. It is a significant fact that typhoid is most prevalent at the season of the year when flies are the most numerous. These insects breed by preference in stable manure, but, when this is not readily accessible, will breed also in garbage and other filth. With cleaner streets, the better care of stables, back yards, markets and cleaner garbage pails, the breeding places of flies will be limited and their agency in carrying the typhoid and other bacilli to the food of human beings will be less marked. Meanwhile, the screening of our houses is not a luxury, but a necessity."

AMERICAN army surgeons have had such an honorable and conspicuous share in proving that mosquitoes disseminate disease that there is special propriety in the campaign against these insects which the War Department has just organised. In all probability civilians as well as soldiers will be benefited by the abatement at military posts of what is both a nuisance and a menace to health.

Dr. Andrew S. Draper, State Commissioner of Education, was the guest of honor at a dinner tendered by the regents of the University of the State of New York and the officers of the state education department, served at the Hotel Ten Eyck, Albany, on the evening of June 22, 1908. The event commemorated the sixtieth birthday anniversary of the distinguished educator. Vice-

chancellor McKelway presided and addresses were made by regents McKelway, Sexton, Philbin and Lauterbach and Dr. Howard J. Rogers, first assistant commissioner of education. Many congratulatory letters and telegrams were received.

Commenting on Dr. Draper's conspicuous services to the state the *Buffalo Evening News* in its issue of June 22, 1908, said,

When the school law of the State was reconstructed, four years ago, Dr. Draper was called to his early home to become the head of the new system. It is needless to speak of his brilliant success in that position. No other man in the United States, or in any other country for that matter, speaks with higher authority than Dr. Draper on the subject that enlists his talents and his heart alike. No one is doing better work than he in the cause of popular education. No one surpasses him in excellence of exposition of themes connected with it or shows more convincingly the vital relation between education and our national institutions. It is in the highest degree fitting that his life and work be celebrated in the manner proposed.

THE regents of the University of the state of New York held a special meeting in their rooms in the capitol at Albany, June 23, 1908, and appointed the following named members of the state board of medical examiners: Frank W. Adriance, Elmira; Floyd S. Farnsworth, Plattsburg; and Ralph H. Williams, Rochester. These are all reappointments to fill vacancies created by expiration of their own terms and these members are to hold office for three years from August 1, 1908.

"WE could duplicate our navy, fortify our coasts, deepen our navigable waterways, pay the last dollar on the Panama canal and wipe out our national debt in ten years by stopping the waste of a single one of our natural resources, and a natural resource, too, that does not seem to have been mentioned at the conference of governors recently held at Washington", declared Dr. Charles A. L. Reed, of Ohio in an address recently before the alumni of the Northwestern University. "This resource is the productive energy of the people without which the soil, the mines, the forests and the waterways would be as worthless as the sandy stretches of the Sahara. The waste of this energy through preventable diseases alone amounts to a billion dollars annually." Figures were given from the latest government statistics, to prove this assertion. The saving, it was claimed, could be effected through the operations of a National Department of Public Health, the creation of which is now being demanded by the people. Various state platforms have already declared for such

a department. "We now ask," said Dr. Reed, "in the name and in the interest of all the people that the great political parties make similar pledges in their national platforms this year and that they redeem those pledges when the Congress shall again convene."

PERSONAL.

DR. WILLIAM C. GORGAS, assistant surgeon general of the United States army, supervisor of sanitation in the Panama canal zone, whose official address is Ancon, Panama, was chosen to be president-elect of the American Medical Association at its meeting held at Chicago, June 2-5, 1908. The conspicuous services rendered by Dr. Gorgas as chief sanitary officer of Havana and later in a similar manner on the canal zone places him in the forefront of sanitarians. His election to this high office is in effect a tribute to the great work he has accomplished.

DR. CHARLES G. STOCKTON, of Buffalo, was appointed a member of the committee of arrangements for the United States of the International Medical Congress of 1909, to be held at Budapest.

DR. ALVIN A. HUBBELL, of Buffalo, was elected chairman of the section on ophthalmology of the American Medical Association, during the recent meeting held at Chicago.

DR. GROVER W. WENDE, of Buffalo, was appointed a member of the committee of arrangements for the United States of the International Medical Congress of 1909, to be held at Budapest.

DR. WISNER R. TOWNSEND, of New York, secretary of the Medical Society of the State of New York, was elected a member of the board of trustees of the American Medical Association at the Chicago meeting.

DR. A. L. BENEDICT, of Buffalo, now making a tour of Europe, has gone from England to Paris, where he will spend some time in visiting places of interest and then further extend his tour to the interior of the continent.

DR. WALTER B. CHASE, of Brooklyn, has been elected president of the council of the Long Island College Hospital.

DR. WALTER P. MANTON, of Detroit, was elected chairman of the section on obstetrics and diseases of women of the American Medical Association at the recent meeting in Chicago.

DR. JOHN H. GRANT, of Buffalo, has removed his residence from the Hotel Rockford to The Cutler, 380 Franklin Street.

DR. JOHN H. PRYOR, of Buffalo, has been appointed by Dr. Eugene H. Porter, state commissioner of health, one of the lecturers on tuberculosis recently authorised by the state civil service commission.

DR. THOMAS BAGLEY, of Buffalo, has been appointed a member of the board of trustees of the Blocher Home at Williamsville, N. Y.

DR. DEWITT C. GREENE, of Buffalo, has been appointed a member of the board of trustees of the Blocher Home at Williamsville, N. Y.

OBITUARY

DR. JAMES C. CULBERTSON, of Cincinnati, died at his home in that city June 4, 1908, after a long illness, from arteriosclerosis, aged sixty-seven years. He was editor and publisher of the *Cincinnati Lancet-Clinic* for thirty years and for two years, from 1891 to 1893, editor of the *Journal of the American Medical Association*. He served in the Civil War, first as a private soldier, then as hospital steward and finally as assistant surgeon of the 137th Ohio volunteer infantry. He was professor of medicine in the Cincinnati College of Medicine and Surgery and prominent in civil affairs of his city. He was a companion of the Military Order of the Loyal Legion of the United States, being a member of the Ohio commandery.

DR. FREDERICK W. MILLER, of Dover, N. J., died at All Souls' Hospital, Morristown, N. J., June 6, 1908. He graduated at the University of Buffalo, Medical Department in 1875.

DR. JESSE C. MOSSHAMMER, of Dayton, O., died at his home in that city May 27, 1908, from pleuropneumonia, aged thirty-six years. He graduated at the University of Buffalo, medical department, in 1904. He was ill for about ten days.

DR. HARMON J. ASHLEY, of Machias, N. Y., died at his home in that village June 5, 1908. He graduated at the University of Buffalo, medical department, in 1875, and became one of the prominent physicians in Cattaraugus County. He was 58 years old at the time of his death.

DR. CHARLES HERBERT DAVIE, of South Scituate, Mass., died suddenly in the South Station, Boston, June 4, 1908, from heart disease, aged sixty-five years. He graduated at the University of Buffalo, medical department, in 1865.

DR. ENOCH VINE STODDARD, of Rochester, N. Y., died at his home in that city June 6, 1908, after a prolonged illness, aged sixty-seven years. He was a member of the several local, state and national medical societies; he served in the Civil War as assistant surgeon of the 65th N. Y. volunteer infantry, in which regiment he was also promoted surgeon but was not mustered as such; he was commissioner of health of Rochester for two years and was president of the State Board of Charities for five years; he was professor of materia medica and therapeutics in the University of Buffalo from 1873 to 1890, and thereafter until his death emeritus professor in the same chair; he was a companion of the Military Order of the Loyal Legion of the United States, being a member of the commandery of the state of New York.

SOCIETY MEETINGS.

THE Lake Keuka Medical Association will hold its Ninth Annual Meeting at Grove Springs, N. Y., July 9 and 10, 1908. An elaborate program has been prepared. Among the papers in the list is one by Dr. C. C. Frederick, of Buffalo, entitled "Surgery within the Abdominal Cavity." The officers are: president, Lewis Wheeler Rose, Rochester; vice-president, Charles C. R. Jennings, Elmira; secretary and treasurer, H. B. Nichols, Pulteney. Committee of arrangements: P. L. Alden, R. G. Lawrence, Hammondsport. Registration committee: W. W. Smith, Avoca.

THE Buffalo Academy of Medicine held its annual meeting Tuesday evening, June 9, 1908, at which reports were represented of the commissions on milk supply, on food supply, on inspection of schools and school children, and on smoke and noise nuisance. The following named officers were elected for the ensuing year: president, Edward A. Powerman; secretary, Harry R. Trick and treasurer, William Irving Thornton.

THE Medical Society of the County of Erie held its regular meeting Monday, June 15, 1908, in the rooms of the Society of Natural Sciences, Buffalo Library Building, with a business session at 4 P. M., devoted entirely to the regular work of the meeting; and a scientific session at 8.30 P. M. Five minute talks were made by H. C. Matzinger on Mental Changes Associated with

Prolonged Visceral Diseases; by Dewitt G. Wilcox on Tubercular Peritonitis; by S. A. Dunham on A Case of Paranoia; by Marshall Clinton on Intestinal Obstruction; by F. Park Lewis on Ophthalmia Neonatorum; by E. C. Mann on The Laity and Disease; by J. A. Gardner on A Plea for Support of the Buffalo Branch of the Society for Sanitary and Moral Prophylaxis; and by J. H. Potter on An Interesting Case.

THE Oregon State Medical Association held its 34th Annual Meeting, July 1, 2, and 3, 1908, at Portland. Dr. William House, formerly of Buffalo, is the secretary.

COLLEGE AND HOSPITAL NOTES.

COLUMBUS Hospital, is the name of a new institution for the care of the sick, built by Dr. Charles R. Borzilleri on Niagara street, Buffalo. The hospital was dedicated June 7, 1908, with appropriate ceremonies. Addresses were made by Mayor Adam, Professor Louis Roversi of New York, Consul Banchetti, the Marquis Alfonso Pappalarde, the Reverend Father Carlo Daglio and Dr. Edward J. Meyer.

The hospital is built and finished after the most approved methods of construction in every detail. Its inside is pure white, its operating room is waterproof, its kitchen, private and semi-private rooms and Dr. Borzilleri's offices are all models of perfect hospital appointments. While it is intended in particular for Italian patients, any sick person of whatsoever nationality will be fortunate to secure a place in this beautifully appointed hospital. Dr. Borzilleri is to be congratulated on conceiving and carrying out to such absolute perfection, an institution that is at once an ornament and a useful addition for the sick and injured of this great city.

DR. VERTNER KENERSON, who is going away for a rest, had established for his own private surgical cases, a small, but very nicely equipped private hospital, at 115 Park street, Buffalo, N. Y. Doctor Kenerson will allow some of his friends to use this very acceptable place for some of their nice cases which they are unable to send to the public hospitals. The nursing is of the best; the furnishings, while convenient for the care of sick people, are comfortable; the prices are \$20, \$25 and \$30 per week.

Special nurse in all severe cases will cost \$25 a week in addition to the above rate. The telephone, (which is not listed) is

Frontier 13083, or you can telephone to Dr. Kenerson's office address, which will be found in both telephone books.

The following named members of the graduating class in medicine, University of Buffalo, medical department, 1908, have received hospital appointments as follows:

Douglas P. Arnold, Joseph P. Brennan, Hugh B. Deegan, Karl F. Eschelman, John H. Evans, Joseph A. Gregory, William F. Jacobs, Clayton H. Snover, Fred'k L. Wright, Buffalo General Hospital; Chester C. Cott, Arthur V. Lawler, John F. Ryan, John G. Stowe, Frank A. Valanti, Buffalo Hospital of the Sisters of Charity; Edward Cochrane Gow, Lee Gunn, Buffalo Emergency Hospital; Allen Lee Haenszel, Otto S. McKee, LaVerne Francis Waters, Erie County Hospital; Harry C. Hummell, Robert J. Maichle, St. Mary's Hospital, Rochester, N. Y.; Ray D. Richman, Rochester City Hospital, Rochester, N. Y.; George F. Reusch, German Hospital; Frederick Terrasse, Walter J. M. Wurtz, German Deaconess's Hospital; Benjamin VanCampen, Boston Floating Hospital, Boston, Mass.; Claude C. Williamson, Park Avenue Hospital, Rochester, N. Y.

BOOKS AND AUTHORS.

Syphilis in its Medical, Medico-legal and Sociological Aspects. By **A. Ravogli**, M.D., Professor of Dermatology and Syphilology in the Medical College of Ohio, Medical Department of Cincinnati University. Octavo, pp. 518. Illustrated. New York: The Grafton Press.

The value of this book cannot be overestimated, and it will rank as an authority on the medicolegal aspect of syphilis. It is most complete in construction and there is apparently nothing lacking to place it among the foremost works in syphilographic literature. The fore portion of the book is devoted to syphilis as a disease; the search for the cause of the affection, the processes and modes of infection; the evolution of the disease and its attack on the various parts of the body; and, moreover, there is considerable space devoted to the various methods of treatment of the different manifestations of the disease. Whatever one may personally believe in as regards treatment, he must admit that the general plan as laid out by Ravogli is conservative and sane and that in the majority of uncomplicated cases it will bring about a cure of the condition.

The chief value of the book, however, lies in the section devoted to the medicolegal and sociologic aspects of syphilis, and because of the inestimable value of this portion of the work it is entitled to the highest consideration and should be given at least a careful reading by every man who meets with the disease in practice. The question of marriage and syphilis is gone into at great length.

and the relationship of the combination as a menace to public health is clearly pointed out. Furthermore, every legal authority bearing on the subject of venereal disease, in which is included gonorrhea and syphilis, is quoted in its direct application to divorce.

The author points out with cameo distinctness the visible evidences of degeneracy as a result of syphilis and sums up the work with a series of recommendations looking to the control of the disease under consideration, insofar as society may be controlled in the exhibition of its inclinations, its habits, or its individual egotistic prowess. Of course, there are any number of hypersensitive purists who will raise their eyes to heaven making vociferous objection to the proposition, that every man who applies for a marriage license shall undergo a physical examination to determine the presence or absence of any of the venereal diseases, before the license shall be granted. Yet, all things considered, this is the most certain method of limiting the scope of gynecologic activity; always, however, assuming that the post marital life of the individual shall be one of spotless sexual sanctity.

At the same time, a more or less extensive experience in the field of genitourinary work leads the writer to suggest as an amendment, that the gentle member of the proposed life partnership be also included in this physical examination, for it would appear that there is quite as much infection in female vaginas as there is in male urethras. The average purist is too delicately nice to take serious cognisance of venereal disease except in its application to prostitution, and in his analysis of the mud in the streets he pays little attention to the slush which comes from the gutters above his head; this is an error which Ravogli does not fall into. Regulation of prostitution which is considered rather fully in the book, is theoretically an excellent thing—for the police department of any large city; but the regulation of the necessary evil in European cities has not been productive of any very great degree of sexual cleanliness. On the other hand, there has not been a church movement for reform in this country within recent years, where the reform was directed specifically against prostitutes, which has not been followed by an outbreak of venereal disease and increased the drug store sales of "sure cures" to a most satisfying extent. Dr. Ravogli has given a most excellent work to medical literature and his book may be read with advantage, not only by physicians, but by lawyers, and incidentally by the reform-bitten preacher.

N. W. W.

Gonorrhea, its Diagnosis and Treatment. By **Frederick Baumann**, Ph.D., M.D., Professor of Genitourinary Diseases in the Reliance Medical College, Chicago. 12 mo, pp. 218. Illustrated. New York and London: D. Appleton and Company. 1908. (Cloth, \$1.50.)

This, for a small book, is of immense practical value for it very completely covers the entire field of gonorrhea. Written

primarily as a guide for the author's students, it was later developed into its present form and placed before the profession. Beginning with the anatomy of the urethra, the pathology of gonorrhea is taken up and fully considered; then diagnosis; the different varieties of gonorrhea, its prognosis, treatments of the various phases of the disorder, and the complications which too frequently appear, even in well conducted cases. The instruments used in the treatment of the disease are described and their use explained. The book is completed by a brief description of the vaccination therapy of gonorrhea. In this the author very properly says, and every worker in the genitourinary field will agree with him, that while it is undoubtedly true that vaccination is of material benefit in some types of gonorrhea, it will never replace the present methods of treatment for the elimination of the gonococcus. The book is of decided value as a reference work.

Syphilis. A Treatise for Practitioners. By **Edward L. Keyes, Jr.**, A.B., M.D., Clinical Professor of Genitourinary Surgery in the New York Polyclinic Medical School and Hospital. Octavo, pp. 606. Illustrated. New York and London: D. Appleton and Company. 1908. (Cloth, \$5.00.)

It is quite reasonable to assert that of all the books confined to syphilis this, of Keyes, is the most satisfying because it is most complete and because, further, it is based on clinical experience and case records extending over a period of forty years, in the practices of the author's father E. L. Keyes, Sr., and his fellow-worker Van Buren. This means that the results of over 2,500 cases have been dealt with. The disease is considered from every standpoint of its relation to public health, the various types of the disease being especially presented. What strikes one most forcibly in the book is the decisive manner of presentation of argument in favor of the author's treatment—though it is scarcely proper, perhaps, to designate the administration of protoiodide of mercury as the author's treatment, since it was first recommended and carried out by the elder Keyes some years ago, his first report of the then new treatment being followed by a whirl of protest and criticism which would have dismayed a less courageous man. The fact, however, that clinical experience has proven the wisdom and efficacy of his method, the tonic mercurial treatment, has proven the correctness of his views.

The author's style is clear; he does not believe this or that; nor does he think, perhaps or possibly; and the may-bes are cheerfully eliminated from his writing. What he says he says boldly and with conviction that he is right in his position as regards the management of syphilitic disease of whatever character, and the mass of cases reported from inception to discharge seems to bear out his attitude, which is one of favor toward the administration of the green protoiodide of mercury in preference to the yellow.

One cannot overlook the completeness of the book. Every phase of syphilis is presented, its transmission, its immunity,

course, prognosis of the various types and the special locations of attack, all receive most careful attention. There are, too, some firm statements which will come as a shock in greater or less degree to the general practitioner who treats syphilis as a routine procedure, on the cut and dried plan of first mercury to salivation and then iodide of potash in a sort of happy-go-lucky manner, until the patient either disappears or declares himself cured. One of these is that iodide of potash does not prevent relapses, but that mercury does; that for the early secondary symptoms mercury is the proper treatment and for all painful lesions of whatever period potash is indicated. The general everyday treatment of the disease will be improved if these vital points are remembered.

There is little in the book to criticise. The illustrations are excellent and the letter press is clean cut. In the chapter devoted to chancroid the author advises the use of carbolic acid as an anesthetic prior to cauterising the sore with nitric acid, and if the patient is nervous and the carbolic fails to produce the proper amount of insensibility then 10% cocaine solution may be used. It would appear that carbolic is unnecessary in any event. It is dangerous and there is no apparent contraindication to the use of cocaine in powder form for anesthesia of the surface to be cauterised. In cases of subpreputial chancroid and phimosis, Keyes recommends a dorsal or lateral incision and subsequent circumcision after the cure of the ulcers. A more rapid method, and one which is wholly satisfactory, is the circumcision with the actual cautery under general anesthesia; this not only destroys the ulcers completely but makes a secondary operation for removal of the mutilated prepuce unnecessary.

In the treatment of bubo he recommends several small incisions and the injection into the mass of iodoform in glycerine; then, "if after several weeks the indurated mass remains it must be excised." Excision, he warns, leaves a wound which may and usually does take, one infers, several months to heal. This is not borne out by clinical experience in the writer's services. At any rate, better results will be secured if when the bubo is opened and thoroughly cleansed it be packed with 3% collargolum gauze.

The book deserves the position which it has taken in medical literature,—that of the best exposition of syphilis which has yet been published.

N. W. W.

Transactions of the American Urological Association. Sixth annual meeting held at Atlantic City, June 3, and 4, 1907. Edited by **Charles Greene Cumston, M.D.**

This enterprising special association is fortunate in its editor, who has produced a most attractive volume containing excellent material. Though this book is a record of the work done by the association at its sixth annual meeting, it is yet the first time the proceedings have been published in book form. The associa-

tion was organised through the efforts of Dr. Ramon Guiteras, at Saratoga Springs, June, 1902. This initial meeting was so successful that no longer was there any doubt about the permanency of the association. The sixth session was held at Atlantic City, June 3 and 4, 1907, under the presidency of Dr. Bransford Lewis. The time and the place and the man most appropriately came together. Dr. Lewis chose for the subject of his address "The Dawn and Development of Urology" in which he set forth most charmingly the status of urology, and the claims of the American Urological Association to recognition and to stability. Dr. Cumston, as editor, has performed his part admirably in the making of a useful volume.

American Practice of Surgery. A complete System of the Science and Art of Surgery by representative surgeons of the United States and Canada. Edited by **Joseph D. Bryant, M.D.**, and **Albert H. Buck, M.D.**, New York. Complete in eight volumes. Vol. IV. Imperial octavo, pp. 1010. Profusely illustrated. New York: William Wood & Company. 1907. (Price, cloth, \$7.00.)

This volume opens with dislocations, a continuation of the section on diseases and injuries of the joints, from the previous volume. Dislocations always have been an attractive theme for the surgeon and especially for the teacher. Rixford in this dissertation has made it so in an unusual degree. Part fourteen, allotted to the consideration of operative surgery, is contributed to by Charles B. Nancrede, George Ben Johnston, Freeman Allen, F. E. Garland, James F. Mitchell, William L. Rodman, John S. Rodman, Horace J. Whitacre, John M. Keyes, Russell S. Fowler, and James S. Stone.

Part fifteen deals with orthopedic surgery and is contributed to by Charles F. Painter, George D. Stewart, Royal Whitman, and Clarence L. Starr. The strides of orthopedic surgery have been great within recent years and the articles in this section present the subject in its most modern view.

This volume, number four in the series, marks the half-way point in the work which, it will be remembered, is limited to eight volumes. Should the remaining four equal in value and importance the four preceding numbers, and there is every reason to believe they will, it is safe to assert that no work on American surgery has ever given such promise, none has ever reached such a high plane of splendid achievement, as has this treatise of Bryant and Buck:

An Index of Treatment by various writers. Edited by **Robert Hutchison, M.D., F.R.C.P.**, Physician to London Hospital, and **H. Stansfield Collier, F.R.C.S.**, Surgeon to St. Mary's Hospital, London. Revised by Warren Coleman, M.D., Professor of Clinical Medicine in Cornell University Medical College. Octavo, pp. 888. New York: William Wood & Co., 1908. (Cloth, \$6.00.)

Rarely has it been our good fortune to examine a similar book that contained so much valuable material, so compactly prepared, and so well arranged, as we find in this one. The English editors

announce that it is intended to provide the practitioner with a complete guide to treatment in reasonably narrow limits and in convenient form. A reasonably careful examination of the work leads to the conclusion that the purpose of the editors has been met in a most admirable manner. Not only this but all in all, it is a most useful book for the reference library, giving the latest hints as to treatment and including all the newer methods of bacteriotherapeutics. The list of contributors has been well selected and contains the names of many eminent physicians and surgeons,—names familiar on this side of the Atlantic. We bespeak for the work a liberal sale in this country.

Bier's Hyperemic Treatment in Surgery, Medicine and the Specialties.

By **Willie Meyer**, M.D., Professor of Surgery at the New York Post-Graduate Medical School and Hospital. And Professor **Dr. Victor Schmieden**, Assistant to Professor Bier, University of Berlin, Germany. Octavo, pp. 209. Illustrated. Philadelphia and London: W. B. Saunders Co. 1908. (Cloth, \$3.00.)

The hyperemic treatment of certain diseases, originally formulated and put into practical employment by August Bier, of Berlin, has attracted attention the world over. One of the authors of this manual, Dr. Willy Meyer, has used the method since it was first published, now some fifteen years ago, and probably has had greater experience with it than any other American surgeon.

The other author, Professor Dr. Schmieden, came to this country last year, read papers and traveled extensively lecturing and demonstrating the method, particularly in the eastern portion of the United States. He recognised the need everywhere he went of a comprehensive manual detailing this procedure, hence this volume has been prepared to meet the demand thus made known.

The book partakes of the practical character, giving carefully prepared directions for the use of the treatment, all well illustrated by cuts of instruments and pictures of patients undergoing treatment for various affections. While much of the application of the treatment is theoretical there is yet enough accomplished in some diseases to justify its further employment, or to extend it into as yet untried fields. In any event this book should receive the patient study of every physician interested in the method of treatment.

BOOKS RECEIVED.

State Board Questions and Answers. By R. Max Goepf, M.D., professor of clinical medicine at the Philadelphia Polyclinic. Octavo, pp. 684. Philadelphia and London: W. B. Saunders Co. (Cloth, \$4.00.)

Adenomyoma of the Uterus. By Thomas Stephen Cullen, M.D. associate professor of gynecology in the Johns Hopkins University. Royal 8vo, pp. 270. Illustrated. Philadelphia and London: W. B. Saunders Co. (Cloth, \$5.00.)

The Principles and Practice of Hydrotherapy. By Simon Baruch, M.D., professor of hydrotherapy in Columbia University (College of Physicians and Surgeons) New York. Third edition. Octavo, pp. 544. Illustrated. New York: William Wood & Co. (Cloth, \$4.00.)

Mellin's Food Method of Percentage Feeding. 12 mo., pp. 183. Illustrated. Boston: Mellin's Food Co. 1908.

Subcutaneous Hydrocarbon Protheses. By F. Strange Kolle, M.D., Author of the "Recent Roentgen Discovery," etc. 12 mo., pp. 153. New York: The Grafton Press. (Cloth, \$2.50.)

Insomnia and Nerve Strain. By Henry S. Upson, M.D., professor of diseases of the nervous system in the Western Reserve University, Cleveland, O. 12 mo., pp. 142. Illustrated. New York and London: G. P. Putnam's Sons. 1908.

Modern Medicine. Its Theory and Practice. Edited by William Osler, M.D., Regius Professor of Medicine in Oxford University, Eng. Assisted by Thomas McCrea, M.D., Associate Professor of Medicine and Clinical Therapeutics in Johns Hopkins University, Baltimore. In seven octavo volumes of about 900 pages each, illustrated. Volume IV. Lea & Febiger: Philadelphia and New York, 1908. (Cloth, \$6.00, leather, \$7.00, half morocco, \$7.50 net.)

Progressive Medicine, Vol. X, June, 1908. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 352 pages. Lea Brothers & Co: Philadelphia and New York. (Per annum in four cloth-bound volumes, \$9.00; in paper binding, \$6.00; carriage paid to any address.)

LITERARY NOTES.

The American Jour. of Obstetrics and Diseases of Women and Children has stood the test of time and for the past forty years it has been recognised at home and abroad as the leading authority on the subjects of Gynaecology, Abdominal Surgery, Obstetrics and Pediatrics. The publisher, Messrs William Wood & Company, 51 Fifth Avenue, New York, offer to send free of charge on request the June, July and August, 1908, issues, or the July, August and September, 1908, issues. Be sure to specify which three are preferred.

The State Education Building is the title of a brochure recently issued by the New York State Department of Education, Albany, N. Y. It contains a complete description of the plans of the new building soon to be constructed, the foundation of which will soon be laid. It will be one of the finest structures devoted strictly to education administration in the world. The drawings are indicative of a remarkable degree of perfection, of which every citizen should be proud.

School Hygiene is the name of a new journal which, according to its editorial announcement, represents an effort to place before the public facts and propositions in the movement to secure improved school conditions for children; also to awaken public interest in the importance of the subject. It will vary from eight to sixteen pages, double column quarto, in the amount of reading matter. It is published under the auspices of the American School Hygiene Association, Boston, and is edited by Dr. George S. C. Badger, 48 Hereford Street, Boston, Mass. Contributions to its columns are earnestly solicited.

INDEX TO VOL. LXIII.

AUGUST, 1907—JULY, 1908.

	Page		Page
A BDOMINAL pregnancy	20	Delafield and Prudden: Text-	
Abscesses, multiple post-typhoid	332	book of pathology	360
Academy, our	63	Dorland: Medical dictionary ..	307
Actinomyces infection	133	Drew: Invertebrate zoology ...	369
Adrenalin during ether anesthesia..	95	Edwards: Practice of medicine..	179
Albany sanitary bureau	229	Egbert: Hygiene	490
Alcohol, scientific use of	20	Eisendrath: Clinical anatomy ..	429
Anesthesia, danger signals in	205	Eisendrath: Surgical diagnosis..	301
Aorta, aneurism of	163	Ferguson: Diseases of nose and	
Apollinaris and champagne	480	throat	183
Appendicitis, operation for under		Ferguson: Modern operations	
difficulties	417	for hernia	53
Aseptic operative technic	137	Fischer: Diseases of infancy....	358
		Foote: Minor surgery	618
B ACTERIAL vaccines	692	Fowler: Operating room and	
Bainbridge, William Seaman,		patient	431
transmissibility and curability of		French: Practice of medicine...	361
cancer	19	French: Syphilis in the army ..	554
Banknotes, malignant scarlet fever		Gilliam: Gynecology	550
from	478	Gilliam: Rose Croix	57
Bender, Ida C., and the Second In-		Gleason: Nose, throat and ear..	180
ternational Congress of School		Greene and Brooks: Genitourin-	
Hygiene	168	ary organs and kidney	492
Bergey, D. H., opsonins and vac-		Greene: Kirke's physiology ...	362
cines as applied to surgical therapy	85	Gouley: Genitourinary diseases..	494
Biliary affections, treatment of	663	Griffith: Care of baby	306
Bock, Franklin W., physical defects		Hallenberg: Pharmacopeia and	
in children	67	national formulary	554
		Hare: Practical therapeutics ...	362
Books and Authors:		Hare: Practical diagnosis	428
Aitkens: Training school meth-		Hare: Practice of medicine...	120
ods	367	Hare: Progressive Medicine,	
Anders: Physical diagnosis ...	181	June, 1907, 181; September,	
Anders: Practice of medicine..	556	1907, 243; December, 1907,	
Babcock: Diseases of the lungs..	118	486; March, 1908	618
Barnhill and Wales: Otolgoy...	555	Hardaway and Grindon: Cutan-	
Baumann: Gonorrhea	721	eous therapeutics	487
Bishop: Heart disease and blood		Head: Practical Medicine Year-	
pressure	491	books, 1906, vol. X, skin and	
Blair: Materia medica	306	venereal diseases, 59; 1907,	
Boas: Diseases of stomach ...	425	vols. 1, 2, 3.....	357
Brickner: Surgical suggestions..	495	Hecker: Diseases of children ...	307
Brinkerhoff: Diseases of rectum	431	Heisler: Textbook of em-	
Brown: Medical diagnosis	122	bryology	367
Bryant and Buck: Surgery, vol.		Howell: Textbook of physi-	
3, 246; vol. 4	724	ology	366
Budin: The nursling	121	Hoxie: Medicine for nurses ...	553
Bulkley: Diseases of skin	121	Hutchison: Index of treatment	724
Crossen: Diseases of women ...	427	Jackson: Diseases of the eye...	303
DaCosta: Surgery	305	Jennings: Hygiene of pregnancy	59
		Jewett: Essentials of obstetrics	58
		Jewett: Practice of obstetrics...	368

	Page		Page
Keen: Surgery, vol. 2, 244; vol. 3	617	Sobotta: Atlas and textbook of anatomy, vol. 3.....	548
Kelly: Gynecology and abdominal surgery, vol. 1	359	Stelwagon: Diseases of skin ..	555
Kerr: Diseases of children	360	Stevens: Practice of medicine ..	491
Keyes: Syphilis	722	Stimson: Fractures and dislocations	429
King: Manual of obstetrics	123	Strong: Electrotherapeutics	553
Kyle: Diseases of nose and throat	556	Sutherland: Blood stains	367
Lea: Practitioners' visiting list, 1908	302	Talmey: Woman	489
Lippincott: International Clinics, 17th series, vol. 2, 182; vol. 3, 246; vol. 4, 494; 18th series, vol. 1	675	Treves: Surgical anatomy	550
Little: Nephritis	369	Underwood: Aids to dental surgery	123
Luckett: Paraffin in surgery....	119	Wainwright: Medical knowledge of Shakespere	548
McCaw: Diseases of children ..	122	Wallian: Rhythmotherapy	54
McCombs: Diseases of children	549	Webster: Diseases of women ..	56
McFarland: Pathogenic bacteria	120	Wells: Chemical pathology	245
May: Diseases of eye	431	Whiting: Aids to medical diagnosis	123
Meyer: Bier's hyperemic treatment	725	Wilson: Obstetric nursing	554
Miller: Cosmetic surgery	554	Williams: Textbook of obstetrics	426
Mills: Tumors of the cerebrum.	57	Witthaus: Chemistry and toxicology	183
Modern Clinical Medicine: Nervous system	488	Witthaus and Becker: Medical jurisprudence, vol. 2	300
Moore: Medicine in British Isles v. Neusser: Disorders of respiration and circulation	676	Wood: Diseases of eye	492
Nothnagel: Practice of Medicine, diseases of heart, 488; second edition, vol. 1	430	Wood: Medical Record visiting list, 1908	302
Osler: Modern medicine, vol. 1, 176; vol. 2, 364; vol. 3.....	551		
Ott: Textbook of physiology ...	363	Reports:	
Overall: Diseases of prostate gland	56	Conferences of state health officers with United States public health and marine hospital service, 1905-06	59
Park: Modern surgery	237	Commissioner of Education, vols. 1 and 2, 1905.....	306
Paul: Materia medica for nurses	303	Johns Hopkins Hospital, vols. 13 and 14	182
Piersol: Human anatomy	357	State Department of Health, N. Y., 1905.....	307
Pottinger: Pulmonary tuberculosis	675	Surgeon-general public health and marine hospital service, 1906	58
Pusey: Dermatology	178		
Pyle: Personal hygiene	300	Transactions:	
Ravogli: Syphilis	720	American Dermatological Association, 1906	305
Register: Fever nursing	430	American Surgical Association, 1907	676
Reissig and Jelliffe: Standard family physician	244	American Urological Association, 1907	726
Robson: The pancreas	493	Books Received 59, 124, 183, 247, 308,	369, 432, 495, 557, 619, 676, 725
Sajous: Internal secretions, vol. 2	366	Boswell, Charles O., dibotrocephalus latus infection	511
Savage: Insanity	550	Bonifield, Charles L., retrodeviations of uterus	584
Savill: Neurasthenia	368		
Schafer: Histology	304		
Schleif: Materia medica and therapeutics	369		
Scudder: Treatment of fractures	363		
Scott: Sexual instinct	549		
Simon: Clinical diagnosis	365		
Simon: Physiological chemistry	490		

	Page
Bovée, J. Wesley, position of surgery in treatment of peritonitis ..	377
Bronchopneumonia, colloidal silver in	96
Bull, W. Sheldon, our backyard dairy	577
Bulletin Buffalo department of health	541
Buttermilk, homemade	217

C ALCULI, vesical, how often overlooked?	1
Calox, oxygen tooth powder	345
Cancer, of breast, danger of pregnancy following operations for	314
transmissibility and curability of	19
treatment of	311
Cannaday, John E., abdominal pregnancy	30
discussion on perineal tears	77
aseptic operative technique	137
strangulated inguinal hernia in infants	204
tubes and ovaries, treatment of	600
Cesarean section, vaginal	644
Chaillé Jubilee	703
Champagne, Moët & Chandon White Seal	345
Cheesman, William S., danger of pregnancy after operations for cancer of breast	314
Children, physical defects in	67
Cholelithiasis, therapeutics of	409
Chorea, treatment of	637
Class reunions	713
Colegrove, B. H., extracts from a doctor's ledger	450
Collargolum	289

College and Hospital Notes:

Buffalo General Hospital	485
Buffalo General Hospital, surgical clinics	174
Children's Hospital, Rockaway Beach	175
College of Medicine, Syracuse University	118, 174
Columbus Hospital	719
German Hospital, Buffalo	116
German Deaconess's Hospital, Buffalo	485, 616
Hahnemann Hospital, Buffalo	356, 483
Hospital ship "Buffalo"	674
Hospital for Deformities and Joint Diseases, New York....	356
Hospital Internes, appointments	

of	720
Kenerson Private Hospital	719
Lockport City Hospital 485, 616,	674
Louisville Medical College and Hospital College of Medicine, merger between	237, 425
Marine Hospital, Buffalo 117, 356	617
Medina Hospital	486
New York City Hospital	485
New York Post-Graduate Hospital	237
New York Skin and Cancer Hospital	237, 547
Polish Hospital, Buffalo.....	117
Tulane Alumni	617
Tulane University	616
University of Buffalo, Medical Department	117, 486, 615
University of Buffalo commencement	674
University of Pennsylvania Medical School	424
Yale Medical School	547

Conviction under food and drug law 540

Correspondence:

Alcoholic problem—T. D. Crothers	534
Experimental medicine, committee on—Bryant-Curtis	474
Sanitary milk problem—Walter Wyman	164
Smithsonian Institution, Hodgkins fund prize—Charles D. Walcott	474
Substituting in Chicago—Fairchild Bros. & Foster	225

D AIRY, our backyard	577
Daly, James R. L., feeding in tuberculosis	440
Degeneration, mental stigmata of...	8
Dibotrocephalus latus infection	511
Digestive apparatus, testing functions of	473
Diploma, sentimental value of	677
Doctor's ledger, extracts from.....	450
Dogs in French army medical corps.	345
Dowd, J. Henry, acinitis prostatica..	267
Draper, Andrew S., anniversary dinner to	714

E CHINOCOCCUS cyst of the liver	383
Erie County Hospital, reforms suggested	46
Everyday lessons from everyday cases	459

	Page		Page
Ewart, William, treatment of pneumonia	279	Bull, our backyard dairy: Fig. 1, young Saanen doe	579
Eye strain, epilepsy caused by	559	Fig. 2, goat barn	581
F ERMENLACTYL, old age and..	603	MacLeod, coagulation tube	629
Fitch, W. E., treatment of uterine hemorrhage	497	Roosa, D. B. St. John, .portrait	611
Fly, danger of house	714	Influenza of nose, throat and larynx	413
Food and drug laboratory	668	renal complication of	413
Forceps, obstetric	274	Insane, the partially	157
Foxwell, Arthur, some new sedatives	78	Intravenous injection of medicaments	601
Fraternity night	712		
Frye, Maud J., woman in medicine.	233		
G ARDNER, James A., how often are vesical calculi overlooked?.	1	Items:	
Germ scare, a new	229	Battle & Co., Dislocations.....	61, 248, 372, 620
Goitre, serum treatment of exophthalmic	287	Blackwell's Island	186
Gonococcus, puerperal infection from	211	Breitenbach Co., M. J.—Physician's Daily Reminder	372
Gonorrhea, internal medication in..	412	Civil service commission examinations, N. Y. state.....	185, 248, 433, 558, 620
treatment of with ar-		Civil service commission examinations, U. S.	185, 372, 678
hovin	410	Death sentence, instrument used	62
Gould, George M., epilepsy caused by eye strain	559	Denver Chemical Manufacturing Co.,—note and card case.....	371
Greater University	608	Drevet Manufacturing Co.,— Meatox	185
almshouse farm offered to	668	Panama canal examinations for physicians	434
dinner for	479	Public Health and Marine Hospital Service examinations...	372
H ARRISON, President, a story of	230	Substitution knocked out in New York	62
Hayd, H. E., echinococcus cyst of the liver	383	Switzerland peasant not of good physique	62
Hay fever	149		
Health, department of and President Roosevelt	418	J ENKS, Jeremiah W., modern standard business honor	16
Hernia, strangulated inguinal in infants	204	Jewett, Charles Sherman, our Academy	63
Honor, modern standard business	16	Jones, Allen A., medicine a science.	187
Hospital interne	632	hyperchlorhydria and motor function of stomach.	316
Hyperchlorhydria, relation of to motor function of stomach.....	316	William B., treatment of cancer	311
I LLUSTRATIONS:		Judson, Adoniram B., recumbency in treatment of infantine paralysis	75
Gardner, vesical calculi	2	K OCH, Robert, entertainment for.	541
LeBreton, lateral curvature of the spine: Fig. 1, adolescent type	199	L ACTIC ferments, therapy of	408
Fig. 2, curvature from unilateral hypertrophy	200	Lanoline as an excipient	157
Fig. 3, adolescent type of mild grade	200	Leading Articles:	
Fig. 4, curvature due to sciatica	201	Appetite, digestion and health ..	665
Fig. 5, kyphosis and scoliosis	201	American Medical Association at Atlantic City	43
Fig. 6, deformity due to empyema	202		
Fig. 7, curvature due to paralysis	203		

	Page		Page
American Association of Obstetricians and Gynecologists.	165	Parke, Davis & Co.,—brochure of pathologic laboratories	185
Army medical bill	292, 415, 536	Physician's visiting list—J. H. Chambers & Co	310
Antivivisection bill	476	Saint Louis Medical Review	61
Carnegie honor for a physician.	540	Saunders, W. B. Co.—Illustrated catalogue	371
Council on medical education, conference of	606	Saunders, W. B. Co.—Announcement	677
Daniel Bennett Saint John Roosa	535	School Hygiene	726
Dr. Kocher's visit to Albany	45	Texas Medical News	371
Doctor in politics	338	The Hospital	247
Folia Therapeutica	110		
Greater University	337	Little, F. H., multiple post-typhoid abscesses	332
Hygienic kitchens	108	Liver, salicylic acid in pathologic conditions of	95
Mr. Bok's attack	539		
Modern cystoscopy	414	M ACDONALD, mental stigmata of degeneration	8
Pilcher, James E., president, etc	109	MacLeod, James A., varicose veins	621
Pirrie, Alexander Mactier	342	Norman K., bacterial vaccines	692
Responsibility of health on high seas	538	McMurtry, L. S., address at Chaillé Jubilee	703
Ryan, Frank G., president of Parke, Davis & Co.	47	McPhedran, early diagnosis of cancer of stomach	506
Squibb's Materia Medica	341	Manton, W. P., weight relations of placenta and child	562
State sanitary conference	226	Meatox	284, 602
University of Buffalo, 1846-1898	710	Medical examination fee restored	111
Vivisection bill	416	experts, extra compensation for	219
Wellcome's Photographic Exposure	340	inspection of schools, lack of in Buffalo	344
LeBreton, Prescott, lateral curvature of the spine	199	Medicine a science	187
Legal pharmacy	156	Meisenbach, R. O., lipoma arborescens of knee joint	444
Leidy, Joseph, statue of	295	Menorrhagia and metrorrhagia	650
Lewis, F. Park, ophthalmia neonatorum	321	Military Surgeons at Jamestown	294
Light as a health maker	213		
Lipoma arborescens of knee joint	444		
Literary Notes:		Miscellany:	
Albany Medical Annals	433	Alaska-Yukon-Pacific Exposition	558
American Journal of Obstetrics	726	Army medical corps examinations	496
American Medicine	496	Bowery mission	558
Anglo-American Medical Association, report of	371	Good Housekeeping	620
Archives of Diagnosis	496	Seaman prize	620
Burrell's Surgery, P. Blakiston's Son & Co.	124		
Boston Medical and Surgical Journal	678	Monell, S. H., present status of physiologic therapy	435
Columbus Medical Journal	433	Morrow, P. A., prophylaxis of social diseases	138
Davis's Biography, by Danforth	124	Mosquitos, campaign against	714
—Cleveland Press of Chicago	124		
Education building, state	726	N ARCOLEPSY, case of	91
Fort Wayne Medical Journal-Magazine	433	Navy hospital ships commanded by medical officers	418
Indiana State Medical Association Journal	433	Nervous diseases, radiant light bath in	336
Interstate Medical Journal	61	Neu, M., suprarenin in obstetrics	455
Jacobson's Operations of Surgery—P. Blakiston's Son & Co	371	Nurses, trained, in navy	608
Lecture by Thomas Darlington	248		
National Hospital Record	433		
Our Own Folks, D. Appleton & Co	61		

	Page		Page
OBITUARY:			
Alling, Charles P.....	672	Optometry bill	542
Ashley, Harman J.....	717	signed	669
Barton, Theodore Woodward ..	348	veto of	111
Battle, Cullen Andrews	613	Ophthalmia neonatorum, a patho-	
Bevier, Matthew	544	logic anachronism	321
Bowen, Clara E.....	421	P ANCREATITIS, acute	689
Briggs, George H.....	422	Paralysis, recumbency in treat-	
Broadbent, Sir William Henry..	50	ment of infantile	75
Carroll, James	172	Parmenter, F. J., actinomyces infec-	
Cartledge, Abiah Morgan	671	tion	133
Casey, James W.....	348	Perineal tears	77
Chace, William Holden	544	Peritonitis, opium treatment of....	373
Clapp, Henry D.....	613	position of surgery in... ..	377
Clark, Gaylord Parsons	172	Personal:	
Crumb, Dewitt Clinton	672	Brush, Edward N.; Greene,	
Culbertson, James C.	717	Walter D.; Grove, B. H.; Car-	
Davie, Charles H.	718	roll, Jane W.; Millard, O.;	
Dee, Robert Hill	544	Tate, Magnus A.....	113
Doherty, Edward P.....	422	Curtis, Frederic C.; Frederick,	
Douglas, Richard	543	Carlton C	230
Fassett, Bryant Sloat	612	Cathcart, Robert Spann; Boni-	
Hyde, Joel Wilbur	232	field, Charles L.....	232
Houston, Samuel	348	Degries, J. Carlisle; Carroll,	
Laidley, L. H.....	482	Jane W.; Lewis, Bransford;	
Lawrence, Arthur John.....	613	Millican, Kenneth W.; Wheel-	
Loomis, Henry Patterson	349	er, David E.	346
McElhany, M. J.....	422	Dunham, S. A.; MacLeod,	
Mann, Rev. Arthur S.....	112	James A.; Cowper, H. W.;	
Markoe, Francis Hartman	172	Leo-Wolf, Carl G.; Gaertner,	
Miller, Frederick W.	717	William; Burke, Joseph;	
Morris, Richard	349	Murphy, John B.....	669
Mosshammer, Jesse C.	717	Gibson, James A.; Leo-Wolf,	
Moyer, Frank H.....	172	C. G.; Whitford, William;	
Oliver, James Albert	349	Gaertner, William; Pohl,	
Pickard, Peter	232	Esther; Clark, Edward; Gros-	
Powell, Seneca D.....	114	venor, J. W.; Carroll, Jane	
Proctor, George Monroe	482	W.	231
Putnam, J. W. (Lyons, N. Y.).	481	Gorgas, William C.; Stockton,	
Ring, Charles A.....	543	Charles G.; Hubbell, Alvin	
Robinson, Albert B.....	612	A.; Wende, Grover W.;	
Schugens, M. Elizabeth	419	Townsend, Wisner R.; Bene-	
Memorial	232	dict, A. L.; Chase, Walter B.;	
Senn, Nicholas	420	Manton, Walter P.....	716
Shrady, George Frederick	347	Grant, John H.; Pryor, John	
Sharp, H. P.....	482	H.; Bagley, Thomas; Greene,	
Stoddart, Enoch V.....	718	Dewitt C.....	717
Tanner, Herbert N.....	482	Hitzel, Gustave A.; Weidman,	
Thornbury, Frank J.....	613	John A.; Cabot, Richard C... ..	480
Trowbridge, Grosvenor R.....	670	Long, Eli H.; Williams, Herbert	
Turrill, General Henry S.....	49	U.; Howell, Stephen Y.; Bill-	
Tweedy, Edward H.....	672	ings, William H.; Blanchard,	
Waldron, George	172	Robert B.; Aldrich, John O.;	
Whipple, Electa B.....	171	Ely, C. F.; Hill, Herbert M..	610
Memorial	482	Mann, Dr. and Mrs. M. D.;	
White, Ahira R.....	422	Krauss, William C.; McMur-	
Wise, Peter M.....	171	try, L. S.; Mathews, Dr. and	
Wood, William H. S.....	348	Mrs. Joseph M.; Himmels-	
Wynn, Webster W.....	544	bach, G. A.; Vander Veer, A.;	
		Walker, Edwin	49
Obstetrics, neglect of scientific	125	McMurtry, L. S.; Cannaday,	
"Old home week".....	111	John E.	609
Opsonins and vaccines as applied to			
surgical therapy	85		

	Page		Page
Means, W. J.; Hengerer, A. W.	114	Report of Champe S. Andrews . . .	344
Meyer, A. W.; Richard, A. M.;		Ricketts, Benjamin Merrill, villous	
Bull, Alexander T.; Lewis, F.		papilloma of the rectum	29
Park	670	Rogers, Bertram M. H., case of nar-	
Mooney, James J.; Andrews,		colepsy	91
Herman D.; McMurtry, Lewis		Roosevelt, President, and the Inter-	
S.; Crego, Floyd S.; Strong,		national Dermatological Congress	167
Thomas D.	296		
Putnam, James W.; Lewis, F.		S AGE, Russell, Institute of Path-	
Parke; Krauss, William C.;		ology	295
Grant, John H.; Taneyhill, G.		Sanitary work	249
Lane; Gaertner, William;		Savary, dangers of arising immedi-	
Drake, Francis A.; Longyear,		ately upon awakening	480
Howard W.	170	Sedatives, new	78
Seaman, Louis L.; Andrews,		Scarlet fever, treatment of	387
Champe S.; Gipple, Benjamin		Sciatica, therapy of	23
A.; Morris, Robert T.; Ely,		Shurly, E. L., hospital interne	632
William S.; Loop, Ross G.;		Social diseases, prophylaxis of . . .	138
Lewis, F. Park	481		
Trick, Harry R.; Smith, Law-		Society Meetings:	
rence H	542	Academy of Medicine, Elmira..	424
Runyan, Joseph P.; Ross, James		Academy of Medicine, Rochester	
F. W.; Grove, Benjamin H. . . .	171	424, 484, 545, 615, 673	
Smith, Regent T. Guilford . . .	169	Academy of Medicine, Syracuse	424
Wilcox, Dewitt G.; Potter, Wil-		American Association of Obstet-	
liam Warren; Koch, Robert;		ricians and Gynecologists. .51,	114
Wiley, Harvey W.	612	American Medical Association..	614
Wilson, Nelson W.; Parmenter,		American Gastroenterological	
William L. and F. J.; Lewis,		Society	547
F. Park	295	American Hospital Association	173
Zinke, E. Gustav; Stokes,		American Medico-Psychological	
Charles F.; Keyes, E. L. Jr.;		Association	544
Burrell, Herbert L.; Bingham,		American Proctologic Society..	547
H. H.	419	American Public Health Asso-	
Pharmacists and physicians.	286	ciation	116
Phipps Psychiatric Clinic	713	American Therapeutic Society .	614
Physiologic therapy, present status of	435	Association of American Medi-	
Pitman, Sir Henry Alfred, oldest		cal Colleges	484
physician in United Kingdom . . .	230	Association of Military Sur-	
Placenta and newborn child.	562	geons	296
Pneumonia, treatment of.	279	Buffalo Academy of Medicine..	235
Porter, Eugene H., sanitary work. .	249	299, 350; 423, 483, 545, 614, 673,	718
Practice act, Illinois amends	344	Buffalo General Hospital Alum-	
Pregnancy, abdominal	30	ni Association	615
Prescribing vs. dispensing	155	Dunkirk and Fredonia Medical	
Progress in Medical Science:		Society	351
Medico-legal, by E. S. McKee..	218	Fifth Pan-American Medical	
Therapeutics, by E. S. McKee..	23	Congress422, 673	
Proprietary remedies, nomenclature		Homeopathic Medical Society	
of	164	State of New York	485
Prostatica acinitis	267	International Congress of Tubercu-	
Puerperal infection, collargolum in.	410	losis236, 352,	673
		International Dermatological	
		Congress	116
R ECTUM, villous papilloma of. . .	29	Lake Keuka Medical and Sur-	
Red Cross, American National,		gical Association53, 116,	718
used commercially	290	Medical Association of Central	
Regents' appointments343,	715	New York	173
Reed, Charles A. L., address by. . .	715	Medical Meetings at Chicago ..	614
Charles A. L., everyday les-		Medical Society County of	
sons from everyday cases.	459	Chautauqua	351
Reid, Ambassador, address of. . . .	416	Medical Society County of Erie	
		234, 613, 718	

	Page		Page
Medical Society County of Genesee	235	Topics of Public Interest:	
Medical Society County of Montgomery	349	Agricultural law, the amended..	161
Medical Society County of Ontario	235	Consumption catechism for children	158
Medical Society County of Steuben	236	Consumptives, old ferryboats used in treating	41
Medical Society County of Wyoming	235	Draper, Andrew S., address before New York State Historical Association	159
Medical Society County of New York	546	Education in England	392
Medical Society State of New York	236, 423, 483	Medical education in United States, Great Britian and Germany	33
Medical Society State of New York, Sixth District Branch.	173	Medical examiners, new state board of	97
Medical Society State of New York, Eighth District Branch	53, 115, 234	Medical profession in legislative bodies	709
Medical Union	351	Money, no disease on	333
Mississippi Valley Medical Association	116, 614	Navy medical corps (U.S.) gets a stimulus	404
National Fraternal Congress...	115	Prizes on tuberculosis	531
New York and New England Association of Railway Surgeons	236	Secretary of a county medical society	103
New York Medico-Legal Society	485	Substitution, to prevent	102
N. Y. State Conference of Health Officers	173	Tuberculosis, Buffalo to fight...	707
Ohio Association of Medical Teachers	423	Typhoid from oysters	223
Oregon State Medical Association	719	Tramp life studied by a student...	677
Sixteenth International Medical Congress	354	Tubes and ovaries, treatment of ...	600
Southern Surgical and Gynecological Association .	173, 299, 423	Tuberculosis, an infectious disease..	668
Western Surgical and Gynecological Association	424	cows and tuberculosis in children	709
		feeding in	440
Society Proceedings:		meeting in reference to	417
Medical Association of Central New York	516	warfare against	343
Medical Society County of Erie	282, 471, 658	UTERINE hemorrhage, treatment of	497
Roswell Park Medical Club...	528	Uterus, curetting the	654
Spine, lateral curvature of	199	retrodeviations of	584
Stamm, vaginal Cesarean section ..	644	treatment of prolapse of...	565
Sterility due to conical cervix and antelexion	650	VAGINAL Cesarean section	644
Stockton, Charles G., acute pancreatitis	679	Varicose veins	621
Charles G., opium treatment of peritonitis	373	Van Peyma, P. W., neglect of scientific obstetrics	125
Stomach, early diagnosis in cancer of	506	Veneral disease, ethical side of professional secrecy in	154
Substitution as a penal offense	220	Voice, misuse of and cure	288
"Sundown doctors"	112	WATER , pure at Niagara Falls ..	609
Suprarenin in obstetrics	455	Wells, William H., obstetric and version	274
Syphilis, professional secrecy in	153	West, James N., treatment of prolapse of uterus	565
and massage	210	Wiley, H. W., expulsion of drugs by kidneys	479
THEODORE , Duke Carl of Bavaria, only royal doctor in Europe	46	Williams, Herbert U., acute pancreatitis	689
		Winter sports and accidents	478
		"Woman in medicine"—Maud J. Frye	233
		Women, laurels for medical	713
		Osler on medical	156



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